

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1500006047

**FILED**  
**Jan 11, 2019**  
**Secretary of State**  
**5742064040CC**

**Entity Name:** HOUSING COLLABORATIVE CORPORATION

**Current Principal Place of Business:**

4441 BLUE SAGE COURT  
BONITA SPRINGS, FL 34134-7913

**Current Mailing Address:**

4441 BLUE SAGE COURT  
BONITA SPRINGS, FL 34134-7913

**FEI Number:** 47-4607612

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, PRESIDENT  
Name BEEBE, MICHAEL  
Address 4441 BLUE SAGE COURT  
City-State-Zip: BONITA SPRINGS FL 34134

Title D, VP  
Name SULLIVAN, THOMAS  
Address 2508 BAY CEDAR DRIVE  
City-State-Zip: BONITA SPRINGS FL 34134

Title D, SECRETARY  
Name BRENAN, KEVIN D  
Address 3460 MARBELLA COURT  
City-State-Zip: BONITA SPRINGS FL 34134

Title D, TREASURER  
Name SOPER, ANN  
Address 23530 PEPPERMILL COURT  
City-State-Zip: BONITA SPRINGS FL 34134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANN SOPER

**DIRECTOR, TREASURER** 01/11/2019

Electronic Signature of Signing Officer/Director Detail

Date