

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000001153

Entity Name: COLLIER COUNTY COMMUNITY LAND TRUST, INC.**Current Principal Place of Business:**3200 BAILEY LANE STE #109
NAPLES, FL 34105**Current Mailing Address:**3200 BAILEY LANE STE #109
NAPLES, FL 34105**FEI Number: 84-5115799****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PUCHALLA, MICHAEL
3200 BAILEY LANE STE #109
NAPLES, FL 34105 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 PRESIDENT
Name HRUBY, STEPHEN
Address 3200 BAILEY LANE STE #109
City-State-Zip: NAPLES FL 34105

Title TREASURER
Name SABIN, TODD
Address 3200 BAILEY LANE STE #109
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name ELLIS, DAVID
Address 3200 BAILEY LANE STE #109
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name MCLEOD, MICHELLE
Address 728 OLD TRAIL DR
City-State-Zip: NAPLES FL 34103

Title VP
Name DIEGEL, MARY JO
Address 3200 BAILEY LANE STE #109
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name BUZZACCO-FOERSTER, JENNA
Address 3200 BAILEY LANE STE #109
City-State-Zip: NAPLES FL 34105

Title EXECUTIVE DIRECTOR
Name PUCHALLA, MICHAEL
Address 3200 BAILEY LN
STE 109
City-State-Zip: NAPLES FL 34105

Title SECRETARY
Name VALENTI SMITH, CYNTHIA
Address 5909 PINE RIDGE RD
City-State-Zip: NAPLES FL 34119

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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: MICHAEL PUCHALLA**EXECUTIVE DIRECTOR****02/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MURPHY, SEAN
Address	207 BROAD AVE SOUTH
City-State-Zip:	NAPLES FL 34102