



COLLIER COUNTY GOVERNMENT
GROWTH MANAGEMENT DEPARTMENT
www.colliergov.net

2800 NORTH HORSESHOE DRIVE
NAPLES, FLORIDA 34104
(239) 252-2400 FAX: (239) 252-6358

PROPERTY OWNERSHIP DISCLOSURE FORM

This is a required form with all land use petitions, except for Appeals and Zoning Verification Letters.

Should any changes of ownership or changes in contracts for purchase occur subsequent to the date of application, but prior to the date of the final public hearing, it is the responsibility of the applicant, or agent on his behalf, to submit a supplemental disclosure of interest form.

Please complete the following, use additional sheets if necessary.

- a. If the property is owned fee simple by an INDIVIDUAL, tenancy by the entirety, tenancy in common, or joint tenancy, list all parties with an ownership interest as well as the percentage of such interest:

Name and Address	% of Ownership

- b. If the property is owned by a CORPORATION, list the officers and stockholders and the percentage of stock owned by each:

Name and Address	% of Ownership
Owner - Youth Haven, Inc., a Florida Not For Profit Corporation	100
Please see 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT	
Owner - Youth Haven Foundation, Inc., a Florida Not For Profit Corporation	
Please see 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT	

- c. If the property is in the name of a TRUSTEE, list the beneficiaries of the trust with the percentage of interest:

Name and Address	% of Ownership
Owner - Norma R. Farmilo, Trustee of the Norma R. Farmilo Trust dated 06/28/88, as amended	100
Beneficiaries are Elizabeth Louise Farmilo Mauney, Angela Marie Farmilo Coats and Robin Annette Farmilo Gambill	



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- d. If the property is in the name of a GENERAL or LIMITED PARTNERSHIP, list the name of the general and/or limited partners:

Name and Address	% of Ownership

- e. If there is a CONTRACT FOR PURCHASE, with an individual or individuals, a Corporation, Trustee, or a Partnership, list the names of the contract purchasers below, including the officers, stockholders, beneficiaries, or partners:

Name and Address	% of Ownership
Taft Budget LLC, 825 S. Taft, Mason City, Iowa, 50401	100
Wendell W. Corey, Sole Member	

Date of Contract: July 29, 2016

- f. If any contingency clause or contract terms involve additional parties, list all individuals or officers, if a corporation, partnership, or trust:

Name and Address

- g. Date subject property acquired 1985, 2005 & 2008

☐ **Leased:** Term of lease _____ years /months

If, Petitioner has option to buy, indicate the following:



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Date of option: _____

Date option terminates: _____, or

Anticipated closing date: _____

AFFIRM PROPERTY OWNERSHIP INFORMATION

Any petition required to have Property Ownership Disclosure, will not be accepted without this form. Requirements for petition types are located on the associated application form. Any change in ownership whether individually or with a Trustee, Company or other interest-holding party, must be disclosed to Collier County immediately if such change occurs prior to the petition's final public hearing.

As the authorized agent/applicant for this petition, I attest that all of the information indicated on this checklist is included in this submittal package. I understand that failure to include all necessary submittal information may result in the delay of processing this petition.

The completed application, all required submittal materials, and fees shall be submitted to:

Growth Management Department
ATTN: Business Center
2800 North Horseshoe Drive
Naples, FL 34104

Agent/Owner Signature

May 1, 2018

Date

D. Wayne Arnold, AICP

Agent/Owner Name (please print)

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717585

Entity Name: YOUTH HAVEN, INC.**Current Principal Place of Business:**5867 WHITAKER ROAD
NAPLES, FL 34112**Current Mailing Address:**5867 WHITAKER ROAD
NAPLES, FL 34112 US**FEI Number:** 23-7065187**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LIGGETT, STEPHANIE J
5867 WHITAKER RD.
NAPLES,, FL 34112 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:** STEPHANIE LIGGETT

02/20/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name MARSHALL, BRADFORD K
Address 3777 TAMIAMI TRAIL, NORTH SUITE 300
City-State-Zip: NAPLES FL 34103

Title IMMEDIATE PAST PRESIDENT
Name O'CONNOR, BRENDA
Address 700 14TH AVENUE, SOUTH
City-State-Zip: NAPLES FL 34102

Title VP
Name BRAHMS, ERIN
Address 17009 CORTILE DRIVE
City-State-Zip: NAPLES FL 34110

Title SECRETARY
Name SANTELLA, JESSICA
Address 29055 TERAMO WAY
City-State-Zip: NAPLES FL 34110

Title EXECUTIVE DIRECTOR
Name LIGGETT, STEPHANIE J
Address 5867 WHITAKER ROAD
City-State-Zip: NAPLES FL 34112

Title PRESIDENT
Name SPELL, STEPHANIE
Address 3319 TAMIAMI TRAIL EAST
City-State-Zip: NAPLES FL 34112

Title TREASURER
Name ARNALL, PATRICK
Address 26373 MAHOGANY POINTE 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: STEPHANIE JINX LIGGETT

EXECUTIVE DIRECTOR

02/20/2018

Electronic Signature of Signing Officer/Director Detail

Date

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49839

Entity Name: YOUTH HAVEN FOUNDATION, INC.**Current Principal Place of Business:**5867 WHITAKER RD.
NAPLES, FL 34112**Current Mailing Address:**5867 WHITAKER RD.
NAPLES, FL 34112 US**FEI Number:** 65-0419424**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LIGGETT, STEPHANIE J
5867 WHITAKER RD.
NAPLES, FL 34112 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:** STEPHANIE J. LIGGETT

03/13/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT
Name O'CONNOR, BRENDA
Address 700 14TH AVENUE SOUTH
City-State-Zip: NAPLES FL 34102

Title PRESIDENT
Name SPELL, STEPHANIE
Address 5867 WHITAKER ROAD
City-State-Zip: NAPLES FL 34112

Title EXECUTIVE DIRECTOR
Name LIGGETT, STEPHANIE J
Address 5867 WHITAKER RD.
City-State-Zip: NAPLES FL 34112

Title VP
Name BRAHMS, ERIN
Address 17009 CORTILE DRIVE
City-State-Zip: NAPLES FL 34110

Title SECRETARY
Name SANTELLA, JESSICA
Address 29055 TERAMO WAY
City-State-Zip: NAPLES FL 34110

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SIGNATURE: STEPHANIE JINX LIGGETT

EXECUTIVE DIRECTOR

03/13/2018

Electronic Signature of Signing Officer/Director Detail

Date