

FILE NOW: FILING FEE IS \$61.25

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May 01 1997 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714776 (2)
1. Corporation Name
~~COLLIER COUNTY MENTAL HEALTH CLINIC, INC.~~
COMMUNITY HOUSING PARTNERSHIP OF COLLIER COUNTY INC

Principal Place of Business Mailing Address
6075 GOLDEN GATE PARKWAY NAPLES FL 33996
6075 GOLDEN GATE PARKWAY NAPLES FL 34116-7454

3. Date incorporated or Qualified 06/17/1968
3a. Date of Last Report 03/12/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 34116 25 Country 28 Zip 29 30 Country

4. FEI Number 59-1230585 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SCHIMMEL, DAVID C.
6075 GOLDEN GAT PARKWAY
NAPLES FL 33996

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 780002165507
-05/05/97--01024--071
84 City ***61.25 FL 85 Zip Code 34116

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if appl cable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	NAME CAMERON, R. SCOTT STREET ADDRESS 1250 N. TAMiami TRAIL, #101 CITY-ST-ZIP NAPLES FL 33940
TITLE VPD	NAME MCKIM, ANN STREET ADDRESS 3055 RIVERA DRIVE CITY-ST-ZIP NAPLES FL 33940
TITLE T	NAME KELLY, SHUAN STREET ADDRESS 801 ANCHOR RODE DRIVE CITY-ST-ZIP NAPLES FL 33940
TITLE SD	NAME CHIARO, MARIA J STREET ADDRESS 735 EIGHTH STREET SOUTH CITY-ST-ZIP NAPLES FL 33940
TITLE D	NAME SHIMMEL, DAVID C STREET ADDRESS 6075 GOLDEN GATE PARKWAY CITY-ST-ZIP NAPLES FL 33999
TITLE D	NAME HAYNES, CLAUDE STREET ADDRESS 4888 WEST BOULEVARD CITY-ST-ZIP NAPLES FL 33940

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	1.2 NAME VANESSA FITZ 1.3 STREET ADDRESS 6075 GOLDEN GATE PKY. 1.4 CITY-ST-ZIP NAPLES FL 34116
2.1 TITLE VPD	2.2 NAME DAVID C. SCHIMMEL 2.3 STREET ADDRESS 6075 GOLDEN GATE PKY. 2.4 CITY-ST-ZIP NAPLES, FL 34116
3.1 TITLE T	3.2 NAME SCOTT GELTEMEYER 3.3 STREET ADDRESS 6075 GOLDEN GATE PKY. 3.4 CITY-ST-ZIP NAPLES FL 34116
4.1 TITLE SD	4.2 NAME BARBARA JUNE GOODWIN 4.3 STREET ADDRESS 6075 GOLDEN GATE PKY. 4.4 CITY-ST-ZIP NAPLES FL 34116
5.1 TITLE D	5.2 NAME JAMES E. KIRK 5.3 STREET ADDRESS 791 HARBOUR DRIVE 5.4 CITY-ST-ZIP NAPLES FL 34103
6.1 TITLE D	6.2 NAME JOAN HUFF 6.3 STREET ADDRESS 782 93RD AVENUE NORTH 6.4 CITY-ST-ZIP NAPLES FL 34108

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)