

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90096 030 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 714776**

1. Corporation Name  
**COMMUNITY HOUSING PARTNERSHIP OF COLLIER COUNTY, INC.**

Principal Place of Business 6075 GOLDEN GATE PARKWAY NAPLES FL 34116	Mailing Address 6075 GOLDEN GATE PARKWAY NAPLES FL 34116
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/17/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1230585
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75. Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

FITZ, VANESSA  
 6075 GOLDEN GATE PARKWAY  
 NAPLES FL 34116

10. Name and Address of New Registered Agent

81 Name **David C. Schimmel**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**6075 Golden Gate Parkway**  
 83  
 84 City **Naples** 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]* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FITZ, VANESSA	
STREET ADDRESS	6075 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHIMMEL, DAVID C	
STREET ADDRESS	6075 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GELTEMEYER, SCOTT	
STREET ADDRESS	6075 GOLDEN GATE PKY.	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOODWIN, BARBARA J	
STREET ADDRESS	6075 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRK, JAMES E	
STREET ADDRESS	791 HARBOUR DRIVE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUFF, JOAN	
STREET ADDRESS	782 93RD AVENUE NORTH	
CITY-ST-ZIP	NAPLES FL 34108	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Judy Evans	
1.3 STREET ADDRESS	5312 Billings St.	
1.4 CITY-ST-ZIP	Lehigh Acres, FL 33971	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	David Schimmel	
2.3 STREET ADDRESS	6075 Golden Gate Parkway	
2.4 CITY-ST-ZIP	Naples FL 34116	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jane Goodwin	
3.3 STREET ADDRESS	4011 Lee Castle way	
3.4 CITY-ST-ZIP	Naples, FL 34112	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** # 354-1424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0064504  
CR2E037 (11/98)