

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714776

1. Entity Name

COMMUNITY HOUSING PARTNERSHIP OF COLLIER COUNTY,

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90069 006 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6075 GOLDEN GATE PARKWAY NAPLES FL 34116	Mailing Address 6075 GOLDEN GATE PARKWAY NAPLES FL 34116-7454
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1230585	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHIMMEL, DAVID C
 6075 GOLDEN GATE PKWY
 NAPLES FL 34116

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	EVANS, JUDY
STREET ADDRESS	5312 BILLINGS ST
CITY-ST-ZIP	LEHIGH ACRES FL 33971
TITLE	P <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	D <input checked="" type="checkbox"/> Delete
NAME	GOODWIN, JUNE
STREET ADDRESS	4011 ICE CASTLE WAY
CITY-ST-ZIP	NAPLES FL 34112
TITLE	D <input type="checkbox"/> Delete
NAME	KIRK, JAMES E
STREET ADDRESS	791 HARBOUR DRIVE
CITY-ST-ZIP	NAPLES FL 34103
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HUFF, JOAN
STREET ADDRESS	782 93RD AVENUE NORTH
CITY-ST-ZIP	NAPLES FL 34108

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGATURE REQUIRED **3-2-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)