

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 09 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P94000022657 (8)**  
 1. Corporation Name  
**COMMUNITY HOUSING CORPORATION REALTY**



Principal Place of Business <b>235 S. OSPREY AVE.</b> #1 <b>SARASOTA FL 34236</b> US	Mailing Address <b>46 N. WASHINGTON BLVD.</b> #1 <b>SARASOTA FL 34236-5977</b>
--	---

3. Date Incorporated or Qualified <b>03/22/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0484037</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1620 SIXTH STREET</b> Suite, Apt. #, etc. 22 City & State 23 <b>SARASOTA FL</b> Zip 24 <b>34236</b> Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
---	---

9. Name and Address of Current Registered Agent <b>PATTERSON, JOHN</b> <b>46 NORTH WASHINGTON BLVD.</b> #1 <b>SARASOTA FL 34236</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
---	---

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONWAY, JACK T.</b> <b>235 S. OSPREY AVE.</b> <b>SARASOTA FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1620 SIXTH STREET</b> <b>SARASOTA FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>FARR, DONALD M.</b> <b>235 S. OSPREY AVE.</b> <b>SARASOTA FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1620 SIXTH STREET</b> <b>SARASOTA FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>CLARET, JULIO</b> <b>235 S. OSPREY AVE.</b> <b>SARASOTA FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>J. CABOT HART</b> <b>1620 SIXTH STREET</b> <b>SARASOTA FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MRST</b> <input type="checkbox"/> DELETE <b>IK, DOUGLAS M</b> <b>235 S. OSPREY AVE.</b> <b>SARASOTA FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>MRSTIK, DOUGLAS M.</b> <b>1620 SIXTH STREET</b> <b>SARASOTA FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> DELETE <b>LANCASTER, RICHARD J</b> <b>235 S. OSPREY AVE.</b> <b>SARASOTA FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1620 SIXTH STREET</b> <b>SARASOTA FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <input type="checkbox"/> DELETE <b>SCOTT, BEVERLY</b> <b>235 S. OSPREY AVE.</b> <b>SARASOTA FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>CONWAY, CYNTHIA L.</b> <b>1620 SIXTH STREET</b> <b>SARASOTA FL 34236</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)