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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 33960

6075 GOLDEN GATE PARKWAY
NAPLES FL 34116-7454

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 34116

25

29

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9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified

06/17/1968

3a. Date of Last Report

03/12/1996

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 700002165507

-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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME CAMERON, R. SCOTT
STREET ADDRESS 1250 N. TAMiami TRAIL, #101
CITY-ST-ZIP NAPLES FL 33940

TITLE VPD ☒ DELETE

NAME MCKIM, ANN
STREET ADDRESS 3055 RIVIERA DRIVE
CITY-ST-ZIP NAPLES FL 33940

TITLE T ☒ DELETE

NAME KELLY, SHUAN
STREET ADDRESS 801 ANCHOR RODE DRIVE
CITY-ST-ZIP NAPLES FL 33940

TITLE SD ☒ DELETE

NAME CHIARO, MARIA J
STREET ADDRESS 735 EIGHTH STREET SOUTH
CITY-ST-ZIP NAPLES FL 33940

TITLE D ☒ DELETE

NAME SHIMMEL, DAVID C
STREET ADDRESS 6075 GOLDEN GATE PARKWAY
CITY-ST-ZIP NAPLES FL 33999

TITLE D ☒ DELETE

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 ☒ Change ☐ Addition

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 ☒ Change ☐ Addition

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 ☒ Change ☐ Addition

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 ☒ Change ☐ Addition

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 ☒ Change ☐ Addition

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 ☒ Change ☐ Addition

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)