

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714776

FILED
Feb 04, 2004
Secretary of State**Entity Name:** COMMUNITY HOUSING PARTNERSHIP OF COLLIER COUNTY, INC.**Current Principal Place of Business:**6075 GOLDEN GATE PARKWAY
NAPLES, FL 34116**New Principal Place of Business:****Current Mailing Address:**6075 GOLDEN GATE PARKWAY
NAPLES, FL 34116**New Mailing Address:****FEI Number:** 59-1230585**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHIMMEL, DAVID C
6075 GOLDEN GATE PKWY
NAPLES, FL 34116**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHIMMEL, DAVID C
Address: 6075 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: GELTEMEYER, SCOTT
Address: 6075 GOLDEN GATE PKY.
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: WIDHARDT, KIM
Address: 6075 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34116

Title: DVP () Delete
Name: KELLY, SHAUN
Address: 6075 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

Title: SD () Delete
Name: MAYEU, KIM
Address: 6075 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

Title: TD () Delete
Name: SEKTEN, TOM
Address: 6075 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LUIDHARDT, KIM
Address: 6075 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34116

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SEKTEN, TOM
Address: 6075 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM LUIDHARDT

D

02/04/2004

Electronic Signature of Signing Officer or Director

Date