

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714776

FILED
Jan 10, 2006
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 US

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: OLSON, 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: SEKTON, 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 OLSON

D

01/10/2006

Electronic Signature of Signing Officer or Director

Date