


FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 714776 (2)					
1. Corporation Name COMMUNITY HOUSING PARTNERSHIP OF COLLIER COUNTY, INC.					
Principal Place of Business 6075 GOLDEN GATE PARKWAY NAPLES FL 34116			Mailing Address 6075 GOLDEN GATE PARKWAY NAPLES FL 34116		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/17/1968 4. FEI Number 59-1230585 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent FITZ, VANESSA 6075 GOLDEN GATE PARKWAY NAPLES FL 34116			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 FL		
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FITZ, VANESSA		1.2 NAME		
STREET ADDRESS	6075 GOLDEN GATE PARKWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34116		1.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHIMMEL, DAVID C		2.2 NAME		
STREET ADDRESS	6075 GOLDEN GATE PARKWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34116		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GELTEMEYER, SCOTT		3.2 NAME		
STREET ADDRESS	6075 GOLDEN GATE PKY.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34116		3.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODWIN, BARBARA J		4.2 NAME		
STREET ADDRESS	6075 GOLDEN GATE PARKWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34116		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRK, JAMES E		5.2 NAME		
STREET ADDRESS	791 HARBOUR DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUFF, JOAN		6.2 NAME		
STREET ADDRESS	782 83RD AVENUE NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		6.4 CITY-ST-ZIP		

14. 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 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.

SIGNATURE: _____

4/22/98 941-455-1031

CR2E037 (10/97)