

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90096 030 ****61.25

DOCUMENT # 714776

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 Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/17/1968

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

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 David C. Schimmel
82 Street Address (P.O. Box Number is Not Acceptable)
6075 Golden Gate Parkway
83
84 City Naples 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]

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	<input checked="" type="checkbox"/> DELETE
NAME	FITZ, VANESSA	
STREET ADDRESS	6075 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHIMMEL, DAVID C	
STREET ADDRESS	6075 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GELTEMEYER, SCOTT	
STREET ADDRESS	6075 GOLDEN GATE PKY.	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOODWIN, BARBARA J	
STREET ADDRESS	6075 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRK, JAMES E	
STREET ADDRESS	791 HARBOUR DRIVE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUFF, JOAN	
STREET ADDRESS	782 93RD AVENUE NORTH	
CITY-ST-ZIP	NAPLES FL 34108	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Judy Evans	
1.3 STREET ADDRESS	5312 Billings St.	
1.4 CITY-ST-ZIP	Sanibel Island, FL 33971	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	David Schimmel	
2.3 STREET ADDRESS	6075 Golden Gate Parkway	
2.4 CITY-ST-ZIP	Naples FL 34116	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jane Goodwin	
3.3 STREET ADDRESS	4011 Lee Castle Way	
3.4 CITY-ST-ZIP	Naples, FL 34112	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

354-1424
Daytime Phone #

CR2E037 (11/98)