

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714776

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1230585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHIMMEL, DAVID C
6075 GOLDEN GATE PKWY
NAPLES FL 34116

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SCHIMMEL, DAVID C
STREET ADDRESS 6075 GOLDEN GATE PARKWAY
CITY-STATE-ZIP NAPLES FL 34116 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE T
NAME GELTEMEYER, SCOTT
STREET ADDRESS 6075 GOLDEN GATE PKY.
CITY-STATE-ZIP NAPLES FL 34116 ☐ Delete

TITLE D
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☒ Addition

TITLE D
NAME KIRK, JAMES E
STREET ADDRESS 791 HARBOUR DRIVE
CITY-STATE-ZIP NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE D/V
NAME Shawn Kelly
STREET ADDRESS 6075 Golden Gate Parkway
CITY-STATE-ZIP Naples FL 34116 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE SD
NAME Kim Mayer
STREET ADDRESS 6075 Golden Gate Parkway
CITY-STATE-ZIP Naples FL 34116 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE D
NAME Tom Sehn
STREET ADDRESS 6075 Golden Gate Parkway
CITY-STATE-ZIP Naples FL 34116 ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

941-354-1420

Daytime Phone #

CR2E037 (9/01)