


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 A
Secretary of State

DOCUMENT # 762444	
1. Entity Name CLEARWATER HOUSING DEVELOPMENT CORPORATION, INC.	

Principal Place of Business 908 CLEVELAND STREET CLEARWATER, FL 33755 US	Mailing Address 908 CLEVELAND STREET CLEARWATER, FL 33755 US
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DO NOT WRITE IN THIS SPACE

01252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 13-4276896	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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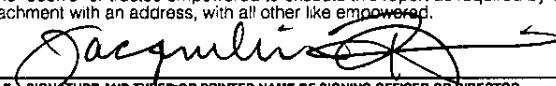
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, JACQUELINE 908 CLEVELAND STREET CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUDE, ROBERT 908 CLEVELAND STREET CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRYD, TERRY 908 CLEVELAND STREET CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODARD, DEBORAH 908 CLEVELAND STREET CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, CAROL 908 CLEVELAND STREET CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
Jacqueline Rivera, Executive Director

1/30/07 727-461-5777
Date Daytime Phone