


2001 UNIFORM BUSINESS REPORT (UBR)

0014930 AF

DOCUMENT # A97000000225

1. Entity Name
CORAL VILLAGE, LTD.

Principal Place of Business: **1430 S.E. 16TH PLACE UNIT B CAPE CORAL FL 33990**
 Mailing Address: **1430 S.E. 16TH PLACE UNIT B CAPE CORAL FL 33990**

FILED *mf*
01 MAR 19 AM 11:03
 SECRETARY OF STATE
 TALLAHASSEE


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

4. FEI Number: **65-0721227** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ARNOLD, BOWEN A
1520 ROYAL PALM SQUARE BLVD.
SUITE 360
FORT MYERS FL 33919

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$2,223,569.00**
 10. Amount of Capital Contributions in FLORIDA to date: _____
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	N95000001649	STREET ADDRESS	000003891100--4 -03/21/01--01102--013 ****526.25 ****526.25
NAME	CAPE CORAL HOUSING REHABILITATION&DEV CORP	CITY-ST-ZIP	
STREET ADDRESS	1430 S.E. 16TH PLACE, UNIT B	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	CITY-ST-ZIP	
DOCUMENT #	V26828	STREET ADDRESS	
NAME	HARDING CONSTRUCTION SERVICES, INC.	CITY-ST-ZIP	
STREET ADDRESS	5544 FAIRFAX STREET	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Signature Bowen Arnold* AGENT CCHRDC **03/04/01** **941 275 8029**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)