

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000004670
 1. Entity Name
HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL COMPANY



Principal Place of Business: **140 KENNEDY DRIVE SOUTH BURLINGTON, VT 05403**
 Mailing Address: **PO BOX 189 CHESHIRE, CT 06410-0189**



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: **06-1206659** Applied For / Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
 660 EAST JEFFERSON STREET
 TALLAHASSEE, FL 32301**

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | C |
| NAME | COLLINS, RICHARD |
| STREET ADDRESS | 200 EAST BROAD STREET |
| CITY-ST-ZIP | SAVANNAH, GA 31402 |
| TITLE | VC |
| NAME | REDDING, L. GLEN |
| STREET ADDRESS | 807 S. LOWRY |
| CITY-ST-ZIP | STILLWATER, OK 74074 |
| TITLE | D |
| NAME | DZEMA, DOUGLAS |
| STREET ADDRESS | 881 AMBOY AVENUE |
| CITY-ST-ZIP | PERTH AMBOY, NJ 08862 |
| TITLE | D |
| NAME | FALEK, STEPHEN |
| STREET ADDRESS | 809 N. BROADWAY |
| CITY-ST-ZIP | MILWAUKEE, WI 53202 |
| TITLE | P |
| NAME | BROWN, TERRI HAMILTON |
| STREET ADDRESS | 10831 MAGNOLIA DRIVE |
| CITY-ST-ZIP | CLEVELAND, OH 44106 |
| TITLE | D |
| NAME | HOUSE, HARRY |
| STREET ADDRESS | 327 KENDRA PLACE |
| CITY-ST-ZIP | CLEMSON, SC 29631 |

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 04/02/05-80032-009 61.25

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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: *Mark Wilson* **Mark Wilson, Treasurer** 3/23/2005 (203)-272-8220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # x 405