FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26 1997 8:00am
Secretary of State

DOCUMENT # F95000002333 (1)

1. Corporation Name
COMMUNITY INITIATIVES DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
900 ONE LINCOLN CENTER SYRACUSE NY 13202	900 ONE LINCOLN CENTER SYRACUSE NY 13202

3. Date Incorporated or Qualified: 05 / 12 / 1995
3a. Date of Last Report: 06 / 07 / 1996

2. Principal Place of Business
21 18 AITKEN AVE.
Suite, Apt. #, etc.
22
City & State
23 HUDSON NY
Zip 24 12534 Country 25 U.S.A.

2a. Mailing Address
26 18 AITKEN AVE.
Suite, Apt. #, etc.
27
City & State
28 HUDSON NY
Zip 29 12534 Country 30 U.S.A.

4. FEI Number
23-2746544
☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TORIC HOMES CORPORATION
138 VICKERS DR
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 300002099353 -02/27/97--01003--033 $30.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE P/D LOEWENSTEIN, WILLIAM 18 AITKEN AVE. HUDSON NY 12534	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition V PETRAGNANI, JR., NICHOLAS V. 201 PLYMOUTH DR. SYRACUSE NY 13206
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE V BARRY, ANGELA 900 ONE LINCOLN CENTER SYRACUSE NY 13202	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition S/D LESNICK, CHUCK SCHORR 15 ALBEMARLE PLACE YONKERS NY 10701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE D WARFIELD, TIMOTHY 130 SPRINGDALE ROAD YORK PA 17043	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition T/D WARFIELD, TIMOTHY 130 SPRINGDALE ROAD YORK PA 17043
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE T LOEWENSTEIN, MARY ANN 18 AITKEN AVE. HUDSON NY 12534	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition AS/D LOEWENSTEIN, MARY ANN 18 AITKEN AVE. HUDSON NY 12534
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition D KOWEEK, ARTHUR 114 GLENWOOD BLVD. HUDSON NY 12534
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 2/26/97

CR2E037 (9/96)

14. I do 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.

SIGNATURE: WILLIAM LOEWENSTEIN, PRESIDENT — 2/18/97 — 518-828-0681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #