FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F95000002333 (1)

COMMUNITY INITIATIVE DEVELOPMENT CORPORATION

						H abe (Mad IIIB) iii ibai	
Principal Place of Business Mailing Address					1 1601100 this taket airth aftill Cold south State Sells	NAMEN TITAN LEEN EEL FRAT	
		18 AITKEN AVE.			3. Date incorporated or Qualified		
HUDSON NY 12534 HUDSON NY 12534					.05/12/1995		
Ì					4. FEI Number	Applied For	
					23-2746544	Not Applicable	
2. Principal Place of Business 2a. Mailing Address					5. Certificate of Status Desired	\$8.75 Additional	
21 28						Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$5.00 May Be	
22 27					Trust Fund Contribution	Added to Fees	
23 28					7. Is this nonprofit corporation a homeowners a		
Zip			Country		8. This corporation owes or has paid the current year Intangible		
24	26	29	30		Personal Property Tax due June 30.		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Age	ent	
			ŀ	81 Name			
TORIC HOMES CORPORATION				82 Street Ad	iress (P.O. Box Number is Not Acceptable)		
138 VICKERS DR.			<u> </u>				
TALLAHASSEE FL 32303				63			
			Ì	84 City	EI	85 Zip Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617,1508, Florida Statu	utes, the ab	ove-named co	orporation submits this statement for the purpose of ch	nanging its registered	
office or r	egistered agent, or both, in the State	e of Florida. Such change was	authorized	by the corpo	orporation submits this statement for the purpose of charation's board of directors, I hereby accept the appoin	tment as registered	
SIGNATURE	an lander with and accept the cong	gations of, occiton on tooos, i	ionda otati	NOO.			
SIGNATURE .	Signature, typed or printed name of registered ag	gent and title if applicable (NC	TE: Registered	Agent signature re	quired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE	P/D	DELETE	1.1 101	· ·	L	Change Addition	
NAME	LOEWENSTEIN, WILLIAM		1.2 NA				
STREET ADDRESS	18 AITKEN AVE.			HEET ADDRESS			
Crty-St-ZP	HUDSON NY 12534	☐ DELETE		Y-ST-ZIP		Change Addition	
TITLE NAME	PETRAGNANI, NICOLAS V JI		2.1 TITI 2.2 NAI		_	J Change LJ Addition	
STREET ADDRESS	201 PLYMOUTH DR.	Ti.		REET ADDRESS			
CITY-ST-ZIP	SYRACUSE NY 13208			ry-ST-ZIP			
TITLE	S/D	DELETE	3.1 TIT		L	Change	
NAME	LESNICK, CHUCK SCHORR		3.2 NA			• —	
STREET ADDRESS	15 ALBEMARLE PLACE			EET ADDRESS			
CITY-ST-ZIP	YONKERS NY 10701		3.4. CIT	Y-ST-ZIP			
TITLE	AS/D	DELETE	4.1 TIT	LE		Change Addition	
NAME	LOEWENSTEIN, MARY ANN		4. 2 NA	ME			
STREET ADDRESS	18 AITKEN AVE		4.3 STF	EET ADDRESS		į	
CITY-ST-ZIP	HUDSON NY 12534	····		Y-ST-ZIP			
TITLE	T/D	DELETE	5.1 TIT	LE		Change	
NAME	WARFIELD, TIMOTHY		5.2 NA	VIE		i	
STREET ADDRESS	130 SPRINGDALE RD		•	EET ADDRESS			
CITY-ST-ZIP	YORK PA 17043	T DELETE	5.4 CIT	Y-ST-ZIP		Change Addition	

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 ennual 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

KOWEER, ARTHUR

Withodownson PRODUCED

/3/18/88

518-828-0681

FILED

Mar 24 1998 8:00am

Secretary of State

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