2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000002333

1. Entity Name
COMMUNITY INITIATIVE DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
18 AITKEN AVE. HUDSON, NY 12534	18 AITKEN AVE. HUDSON, NY 12534

07092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2746544
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORIC HOMES CORPORATION
138 VICKERS DR.
TALLAHASSEE, FL 32303

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOEWENSTEIN, WILLIAM
STREET ADDRESS	18 AITKEN AVE.
CITY-ST-ZIP	HUDSON, NY 12534
TITLE	D
NAME	BRANDT, FRANCES M
STREET ADDRESS	250 FAITH DR
CITY-ST-ZIP	MOHRSVILLE, PA 19541
TITLE	D
NAME	LESNICK, CHUCK S
STREET ADDRESS	15 ALBEMARLE PL
CITY-ST-ZIP	YONKERS, NY 10701
TITLE	AS
NAME	LOEWENSTEIN, MARY ANN
STREET ADDRESS	18 AITKEN AVE
CITY-ST-ZIP	HUDSON, NY 12534
TITLE	T/D
NAME	WARFIELD, TIMOTHY
STREET ADDRESS	130 SPRINGDALE RD
CITY-ST-ZIP	YORK, PA 17043
TITLE	SD
NAME	KOWEER, ARTHUR
STREET ADDRESS	114 GLENWOOD BLVD.
CITY-ST-ZIP	HUDSON, NY 12534

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07/17/07-80006-014 70.00

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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: MARY ANN LOEWENSTEIN 7/13/07 518-828-5148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ASST. SECRETARY