2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# F95000002333

Entity Name: COMMUNITY INITIATIVE DEVELOPMENT CORPORATION

Current Principal Place of Business:

18 AITKEN AVE.
HUDSON, NY 12534

New Principal Place of Business:

Current Mailing Address:

18 AITKEN AVE.
HUDSON, NY 12534

New Mailing Address:

FEI Number: 23-2746544 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TORIC HOMES CORPORATION
138 VICKERS DR.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LOEWENSTEIN, WILLIAM	
Address:	18 AITKEN AVE.	
City-St-Zip:	HUDSON, NY 12534	
Title:	D	( ) Delete
Name:	BRANDT, FRANCES M	
Address:	250 FAITH DR	
City-St-Zip:	MOHRSVILLE, PA 19541	
Title:	D	( ) Delete
Name:	LESNICK, CHUCK S	
Address:	15 ALBEMARLE PL	
City-St-Zip:	YONKERS, NY 10701	
Title:	AS	( ) Delete
Name:	LOEWENSTEIN, MARY ANN	
Address:	18 AITKEN AVE	
City-St-Zip:	HUDSON, NY 12534	
Title:	T/D	( ) Delete
Name:	WARFIELD, TIMOTHY	
Address:	130 SPRINGDALE RD	
City-St-Zip:	YORK, PA 17043	
Title:	CS	( ) Delete
Name:	KOUEEK, ARTHUR	
Address:	114 GLENWOOD BLVD.	
City-St-Zip:	HUDSON, NY 12534	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CS	(X) Change ( ) Addition
Name:	KOWEEK, ARTHUR	
Address:	114 GLENWOOD BLVD.	
City-St-Zip:	HUDSON, NY 12534	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN LOEWENSTEIN AS 02/12/2009

Electronic Signature of Signing Officer or Director — Date