

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002333

FILED  
Feb 10, 2012  
Secretary of State

**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 ( )**

**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  
Name: LOEWENSTEIN, WILLIAM  
Address: 18 AITKEN AVE.  
City-St-Zip: HUDSON, NY 12534

Title: D  
Name: BRANDT, FRANCES M  
Address: 16 DORSET DR  
City-St-Zip: MEDFORD, NJ 08055

Title: D  
Name: LESNICK, CHUCK S  
Address: 15 ALBEMARLE PL  
City-St-Zip: YONKERS, NY 10701

Title: AS  
Name: LOEWENSTEIN, MARY ANN  
Address: 18 AITKEN AVE  
City-St-Zip: HUDSON, NY 12534

Title: T/D  
Name: WARFIELD, TIMOTHY  
Address: 130 SPRINGDALE RD  
City-St-Zip: YORK, PA 17043

Title: CS  
Name: KOWEEK, ARTHUR  
Address: 114 GLENWOOD BLVD.  
City-St-Zip: HUDSON, NY 12534

I hereby 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 all other like empowered.

SIGNATURE: MARY ANN LOEWENSTEIN

AS

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date