

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000006335 (2)

1. Corporation Name

COMMUNITY HOUSING CORPORATION OF AMERICA, INC.

Principal Place of Business

Mailing Address

900 2ND AVE S #880
MINNEAPOLIS MN 55402

900 2ND AVE S #880
MINNEAPOLIS MN 55402



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

3. Date Incorporated or Qualified

12/29/1995

3a. Date of Last Report

4. FEI Number

36-3728180

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name Garrett C. Carlson, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

4501 Tamiami Trail N.

83 Suite 210

84 City Naples

FL

85 Zip Code 33940

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-22-96

DATE

12. OFFICERS AND DIRECTORS

TITLE DP

NAME LANDWEHR, SUSAN M
STREET ADDRESS 12920 DEAN PKWY
CITY-ST-ZIP MINNEAPOLIS MN 55416

TITLE D

NAME HAHNEMAN, GEOFFREY
STREET ADDRESS 340 CT ST
CITY-ST-ZIP PORTSMOUTH VA 23704

TITLE DS

NAME MARTIN, RICHARD H
STREET ADDRESS 150 S 5TH ST #2300
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE D

NAME SCHELL, LYNN CARLSON
STREET ADDRESS 900 2ND AVE S #880
CITY-ST-ZIP MINNEAPOLIS MN 55402

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

8000001833940

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, upon an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

3-2990

Date

341-7800

Daytime Phone #

CR2E037 (12/95)