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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000006335

1. Corporation Name

COMMUNITY HOUSING CORPORATION OF AMERICA, INC.

Principal Place of Business
**900 2ND AVE S #880
MINNEAPOLIS MN 55402**

Mailing Address
**900 2ND AVE S #880
MINNEAPOLIS MN 55402**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-3728180	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent				81. Name	
CARLSON, GARRET G., SR. 1330 GALLEON DRIVE NAPLES FL 34102				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City FL 85. Zip Code	
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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDWEHR, SUSAN M	1.2 NAME	
STREET ADDRESS	2920 DEAN PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55416	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHNEMAN, GEOFFREY	2.2 NAME	
STREET ADDRESS	340 CT ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORTSMOUTH VA 23704	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RICHARD H	3.2 NAME	
STREET ADDRESS	150 S 5TH ST #2300	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55402	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, GARRETT G SR	4.2 NAME	
STREET ADDRESS	1330 GALLEON DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/12/99

612.341-7800

CR2E037 (1/98)