FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2002 8:00 am DOCUMENT # **F95000006335** 1. Entity Name **Secretary of State** COMMUNITY HOUSING CORPORATION OF AMERICA, INC. 02-03-2002 90019 002 ****61.25 Principal Place of Business Mailing Address 900 2ND AVE S #880 900 2ND AVE S #880 MINNEAPOLIS MN 55402 MINNEAPOLIS MN 55402 2. Principal Place of Business 3. Mailing Address trenue ? 00 900 Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number MN 36-3728180 UNNEA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CARLSON, GARRET G., SR. 1330 GALLEON DRIVE NAPLES FL 34102 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change 1 ☐ Addition Landwehr, Swan M. LANDWEHR, SUSAN M NAME 3509 Ceder Late Are 2920 DEAN PKMY 3507 Ceder Loke Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN 55416 CITY-ST-ZIP Minheapolis, MN TITLE DS ☐ Delete TITLE 24 Change ☐ Addition Martin, Richard H. MARTIN, RICHARD H NAME NAME =- 401 Sibley St. + 754 150 S 5TH ST #2300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MINNEAPOLIS MN 55402 TITLE Delete TITLE ☐ Change Addition hood, John Carlson, Garrett G SR NAME NAME 69363 6th Are STREET ADDRESS 1330 GALLEON DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY-ST-7IP 70433 TITLE ☐ Delete TITLE ☐ Change **X** Addition Melson, Happy MONTEZ, JIM NAME NAME 905 creekdale **4508 GARRISON LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **EDINA MN 55424** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ✓ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 70433 TITLE TITLE ☐ Addition □ Delete □ Change NAME NAME STREET ADDRESS STREET ADDRESS 905 creat CITY-ST-ZIP CITY-ST-ZIP

12. 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 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 attachme with an address, with all other like empowe

SIGNATURE:

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