PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000002641

COMMUNITY MANAGEMENT INVESTORS CORPORATION

Mailing Address Principal Place of Business 2 PONDS EDGE DRIVE 2 PONDS EDGE DRIVE P.O. BOX 999 P.O. BOX 999 CHADDS FORD PA 19317 CHADDS FORD PA 19317 U\$ Mailing Addrage

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90162 003 ***158.75



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

05/19/1997

| | | | 000 | 00.0004405 | ļ | 101 | |
|--|---|------------------|------------------------------|--|------------------|------------|--|
| $ z_1 \propto I$ | ond's Edge Brive 26 | P.O. Bo | <u> </u> | 23-2901425 | | Applicable | |
| Suite, Apt. | #, etc. Suite, A | pt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Ac | | |
| 22 | 27 | | | | Fee Req | | |
| City & State | City & S | | and a | 6. Election Campaign Financing | \$5.00 A | /lay Be | |
| 23 Chaa | ds Ford, PAT 28 CA | adds Pa | ord, PA | Trust Fund Contribution | Added to | Fees | |
| Zip 10 | Country Zip | | Country | This corporation owes the current year Interest. | | | |
| 24 19 | 317 25 USA 29 | 19317 31 |] <u>USA-</u> | Personal Property Tax. | | □No | |
| Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 Name Juseph W. Egynx P.A. | | | |
| C T CORPORATION SYSTEM | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 1200 SOUTH PINE ISLAND ROAD | | | | 2637 Mc Comick Drive | | | |
| PLANTATION FL 33324 | | | | 83 C 1/2 B | | | |
| | | | | Juite D | | | |
| | | | 84 City | Clearwater FL | 85 Zip Ci | 3°759 | |
| 44 Durana | to the Charleign of Continue 607 0502 and 607 1508 | Elorida Statutas | the above-named | corporation submits this statement for the nurnose of | changing its r | egistered | |
| office or r | adictored about or both in the State of Florida, Such | change was auth | orized by the corpo | pration's board of directors. I hereby accept the appoin | ntment as regi | istered | |
| agent. La | n familiar with and accept the obligations of, Section | 607.0505,-Florid | a Statutes. | | | | |
| SIGNATURE | | | | 17.2.00 | ا ۱۹۹ | | |
| | Signature, typed br, pricing name of registered agent and title if applicable | (NOTE: Re | egistered Agent signature re | ADDITIONS/CHANGES TO OFFICERS AN | ID DIDECTOR | OS IN 12 | |
| 12. | OFFICERS AND DIRECTORS | DELETE | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS AN | Change | Addition | |
| TITLE | CEOP / | C DEFELE | · | | Change | | |
| NAME | MOORE, BRUCE E | | 1.2 NAME | | | | |
| STREET AODRESS | 2 PONDS EDGE DRIVE | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | CHADDS FORD PA 19317 | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | WC | ☐ DELETE | 2.1 TITLE | | Change | Addition | |
| NAME | GIOVINCO, PHILLIP C | | 2.2 NAME | | | | |
| STREET ADDRESS | 2 PONDS EDGE DRIVE | | 2.3 STREET ADDRESS | | | | |
| C/TY-ST-ZiP | CHADDS FORD PA 19317 | | 2. 4 CITY-ST-ZIP | | | | |
| TITLE | WC | ☐ DELETE | 3.1 TITLE | | Change | ☐ Addition | |
| NAME | GAYNOR, JOSEPH W | | 3.2 NAME | | | | |
| STREET ADDRESS | 2 PONDS EDGE DRIVE | | 3,3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | CHADDS FORD PA 19317 | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | S | ☐ DELETE | 4,1 TITLE | | Change | Addition | |
| NAME | JOHNSON, JANET L | | 4. 2 NAME | | | | |
| STREET ADDRESS | 2 PONDS EDGE DRIVE | | 4.3 STREET ADDRESS | | | • | |
| ! | CHADDS FORD PA 19317 | | 4,4 CITY-ST-ZIP | | | | |
| CITY-ST-ZIP | CHADDO FORD FA 18017 | ☐ DELETE | 5,1 TITLE | | Change | Addition | |
| TITLE | | | 5.2 NAME | | <u> </u> | | |
| NAME | | | 5.3 STREET ADDRESS | | | | |
| STREET ADDRESS | | | ■ ⁻ | | | | |
| CITY-ST-ZIP | | <u> </u> | 5.4 CITY-ST-ZIP | | Chanas | □ Addition | |
| TITLE | | DELETE | 6.1 TITLE | | Change | Addition | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | |
| Sect-Ot-Cit | and it is that the information appolied with this filing does | | | Lin Section 119 07/3)(i) Florida Statutes I further cer | tifu that the in | formation | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Fiolida 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

APR 14

CR2E034 (11/98)