

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 01 1998 8:00am  
Secretary of State

DOCUMENT # F97000002642 (3)

1. Corporation Name

COMMUNITY ACQUISITION AND DEVELOPMENT CORPORATIO  
N

Principal Place of Business

2 PONDS EDGE DRIVE  
PO BOX 500  
CHADDS FORD PA 19317

Mailing Address

2 PONDS EDGE DRIVE  
PO BOX 500  
CHADDS FORD PA 19317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

23-2901426

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2 Ponds Edge Drive

Suite, Apt. #, etc.

22 P.O. Box 999

City & State

23 Chadds Ford, PA

Zip

24 19317

Country

25 USA

2a. Mailing Address

26 2 Ponds Edge Drive

Suite, Apt. #, etc.

27 P.O. Box 999

City & State

28 Chadds Ford, PA

Zip

29 19317

Country

30

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

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE ☐ DELETE

NAME PD  
GAYNOR, PHILLIP C  
STREET ADDRESS 2 PONDS EDGE DRIVE  
CITY-ST-ZIP CHADDS FORD PA 19317

TITLE ☐ DELETE

NAME VVC  
GIOVINCO, PHILLIP C  
STREET ADDRESS 2 PONDS EDGE DRIVE  
CITY-ST-ZIP CHADDS FORD PA 19317

TITLE ☐ DELETE

NAME S  
JOHNSON, JANET L  
STREET ADDRESS 2 PONDS EDGE DRIVE  
CITY-ST-ZIP CHADDS FORD PA 19317

TITLE ☐ DELETE

NAME CEOT  
MOORE, BRUCE E  
STREET ADDRESS 2 PONDS EDGE DRIVE  
CITY-ST-ZIP CHADDS FORD PA 19317

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an amendment with an address.

SIGNATURE:

Bruce E. Moore

APR 21 1998 (1010) 388-9600

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