

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90053 033 ***158.75

DOCUMENT # F97000002642

1. Corporation Name

COMMUNITY ACQUISITION AND DEVELOPMENT CORPORATIO
N

Principal Place of Business

2 PONDS EDGE DRIVE
P.O. BOX 999
CHADDS FORD PA 19317
US

Mailing Address

2 PONDS EDGE DRIVE
P.O. BOX 999
CHADDS FORD PA 19317
US

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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 2 Ponds Edge Drive

Suite, Apt. #, etc.

22 City & State

23 Chadds Ford, PA

24 Zip 19317

25 Country USA

2a. Mailing Address

26 P.O. Box 999

Suite, Apt. #, etc.

27 City & State

28 Chadds Ford, PA

29 Zip 19317

30 Country USA

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

Joseph W. Gaynor, P.A.

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

2637 Mc Cormick Drive

83

Suite B

84 City

Clearwater

FL

85 Zip Code

33759

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

President

4/20/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GAYNOR, PHILLIP C

STREET ADDRESS 2 PONDS EDGE DRIVE

CITY-ST-ZIP CHADDS FORD PA 19317

TITLE VVC ☐ DELETE

NAME GIOVINCO, PHILLIP C

STREET ADDRESS 2 PONDS EDGE DRIVE

CITY-ST-ZIP CHADDS FORD PA 19317

TITLE S ☐ DELETE

NAME JOHNSON, JANET L

STREET ADDRESS 2 PONDS EDGE DRIVE

CITY-ST-ZIP CHADDS FORD PA 19317

TITLE CEOT ☒ DELETE

NAME 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 P/T/D ☒ Change ☐ Addition

1.2 NAME

Joseph W. Gaynor

1.3 STREET ADDRESS

2637 Mc Cormick Drive, Ste. B

1.4 CITY-ST-ZIP

Clearwater, FL 33759

2.1 TITLE V/D ☒ Change ☐ Addition

2.2 NAME

Phillip C. Giovenco

2.3 STREET ADDRESS

2 Ponds Edge Drive

2.4 CITY-ST-ZIP

Chadds Ford, PA 19317

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

Scott W. Schewe

5.3 STREET ADDRESS

3340 Peachtree Road, NE

5.4 CITY-ST-ZIP

Atlanta, GA 30326

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip C. Giovenco

Date

(610) 388-9600

Daytime Phone #

CR2E034 (1/98)