

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90253 042 \*\*\*150.00

**DOCUMENT # F99000005937**

1. Entity Name  
**CIRCLE HOUSING CORPORATION**



Principal Place of Business  
**8 CAMPUS DRIVE, 4TH FLOOR  
PARSIPPANY, NJ 07054**

Mailing Address  
**8 CAMPUS DRIVE, 4TH FLOOR  
PARSIPPANY, NJ 07054**

**50018809**



02062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3496517**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	DARK, JOHN W
STREET ADDRESS	TWO RAVINA DRIVE, SUITE 1400
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	PD
NAME	LEVY, NOAH
STREET ADDRESS	8 CAMPUS DRIVE, 4TH FLOOR
CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	T
NAME	COYLE, BERNADETTE
STREET ADDRESS	8 CAMPUS DRIVE, 4TH FLOOR
CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	S
NAME	<del>KENDALL ELLEN</del> Catherine L. Verhoff
STREET ADDRESS	8 CAMPUS DRIVE, 4TH FLOOR
CITY-ST-ZIP	PARSIPPANY, NJ 07054
TITLE	D
NAME	TAYSOM, DALE
STREET ADDRESS	TWO RAVINA DRIVE SUITE 1400
CITY-ST-ZIP	ATLANTA, GA 30346
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/06**

Date

**973-734-1300**

Daytime Phone #

Noah R. Levy, President