

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001694

FILED
Apr 24, 2005
Secretary of State

Entity Name: COMMUNITY DEVELOPMENT SOLUTIONS, INC.

Current Principal Place of Business:

3223 WEST 31ST ST
LEHIGH ACRES, FL 33936

New Principal Place of Business:

910 CLARK AVE
LEHIGH ACRES, FL 33936

Current Mailing Address:

P.O. BOX 1174
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 04-3637123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESMOND, PATRICIA E
910 CLARK AVE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESMOND, PATRICIA A
Address: 910 CLARK AVE.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: T () Delete
Name: MARTIS, JOAN E
Address: 3223 WEST 31ST ST
City-St-Zip: LEHIGH, FL 33936

Title: S (X) Delete
Name: HOLLAND, MARY
Address: 65 B INDIAN ROW APT 25C
City-St-Zip: BOSTON, MA 02110

Title: D (X) Delete
Name: KRATTINGER, CAROLYN
Address: P.O.BOX 0276
City-St-Zip: ALVA, FL 33920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MARTIS, JOAN E
Address: 21686 INDIAN BAYOU DR.
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A ESMOND

P

04/24/2005

Electronic Signature of Signing Officer or Director

Date