

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90244 009 ****61.25

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|--|---------------------------------|---|--|
| DOCUMENT # N07000011047 1. Entity Name COALITION FOR ATTAINABLE HOMES, INC. | | | |
| Principal Place of Business 2095 INDIAN RIVER BLVD. VERO BEACH, FL 32960 | | Mailing Address 2095 INDIAN RIVER BLVD. VERO BEACH, FL 32960 | |
| 2. Principal Place of Business - No P.O. Box # 1717 Indian River Blvd. Suite, Apt. #, etc. Suite 301 City & State Vero Beach, FL Zip 32960 Country USA | | 3. Mailing Address 1717 Indian River Blvd. Suite, Apt. #, etc. Suite 301 City & State Vero Beach, FL Zip 32960 Country USA | |
| 4. FEI Number 26-1414621 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TIERNEY, THOMAS W. 5070 N. HWY A1A, STE. 200 VERO BEACH, FL 32963 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Delete | TITLE _____ NAME Chairman/Director C/D STREET ADDRESS Jim Goldsmith CITY-ST-ZIP 3675 20th Street Vero Beach, FL 32960 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Delete | TITLE _____ NAME Vice Chairman/Director V/D STREET ADDRESS Jeff Luther CITY-ST-ZIP 4055 41st Avenue Vero Beach, FL 32960 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Delete | TITLE _____ NAME Secretary/Director S/D STREET ADDRESS Connie Poppell CITY-ST-ZIP 525 34th Ave, SW Vero Beach, FL 32968 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Delete | TITLE _____ NAME Treasurer/Director T/D STREET ADDRESS Todd Heckman CITY-ST-ZIP 1717 Indian River Blvd., Suite 301 Vero Beach, FL 32960 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Delete | TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Delete | TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 4/28/08 Daytime Phone # 772-367-7910 | |