

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N07940**

1. Entity Name

COMMUNITY HOUSING OF PINELLAS COUNTY, INC.



Principal Place of Business

445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713 US

Mailing Address

445 31ST STREET NORTH  
SAINT PETERSBURG, FL 33713 US



01032008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2689809

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACMATH, GARY  
445 31ST STREET, N  
SAINT PETERSBURG, FL 33713

**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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE VD  
NAME BUSSEY, RUTLAND  
STREET ADDRESS 445 31ST ST. N  
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE PD  
NAME MITTERMAYR, MARKUS  
STREET ADDRESS 4400 CENTRAL AVE.  
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE D  
NAME PITTS, BOB  
STREET ADDRESS 445 31ST ST. N  
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE D  
NAME BOWMAN, WARREN  
STREET ADDRESS 445 31ST ST. N  
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE D  
NAME MISIEWICZ, PAUL  
STREET ADDRESS 445 31ST ST. N  
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE STD  
NAME POYNTER, SALLY  
STREET ADDRESS 445 31ST ST. N  
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

U00000816958  
02/14/08-80073-017 70.00

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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL MISIEWICZ

1/17/2008

Date

Daytime Phone #