

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33815 (4)
1. Corporation Name
COMMUNITY HOUSING CORPORATION OF SARASOTA



Principal Place of Business
**POST OFFICE BOX 339
SARASOTA FL 34230**

Mailing Address
**POST OFFICE BOX 339
SARASOTA FL 34230**

3. Date Incorporated or Qualified
08/17/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0160034		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country		30 Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~== PATTERSON, JOHN ==~~
**46 WASHINGTON BOULEVARD N
SARASOTA FL 34236**

81 Name
Roten, Rex

82 Street Address (P.O. Box Number is Not Acceptable)
46 Washington Boulevard N

83

84 City
Sarasota, FL

85 Zip Code
FL 34236

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Rex Roten** (NOTE: Registered agent signature required when reinstating)

DATE **4/29/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, JACK	1.2 NAME	
STREET ADDRESS	528 EL VERNONA CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, DEBRA M	2.2 NAME	
STREET ADDRESS	1900 LINCOLN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUMBRAY, GEORGE	3.2 NAME	DS
STREET ADDRESS	2744 20TH STREET	3.3 STREET ADDRESS	Mason, Carolyn
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	5032 Bell Mead Drive
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARR, DONALD M	4.2 NAME	DVC
STREET ADDRESS	3301 BAYSHORE RD	4.3 STREET ADDRESS	Farr, Donald M
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	DVC <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, BRIAN C.	5.2 NAME	DT
STREET ADDRESS	2649 GRAND CAYMAN ST	5.3 STREET ADDRESS	Hart, J. Cabot
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	3982 Defoe Square
TITLE	DC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRSTIK, DOUGLAS M	6.2 NAME	
STREET ADDRESS	7532 WEEPING WILLOW DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/30/96**

Daytime Phone # **941-351-1050**

CR2E037 (12/95)