

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 01 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N33815
1. Corporation Name

COMMUNITY HOUSING CORPORATION OF SARASOTA

Principal Place of Business
235 S. OSPREY AVE.
SARASOTA FL 34236

Mailing Address
P.O. BOX 339
SARASOTA FL 34230

3. Date Incorporated or Qualified
8/17/89

4. FEI Number
65-0160034

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

ROTEN, REX
46 N. WASHINGTON BLVD., #1
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

588882543695
-06/02/98--0101FL01 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC ☐ Change ☐ Addition
1.2 NAME Donald M. Farr
1.3 STREET ADDRESS 3301 Bayshore Road
1.4 CITY-ST-ZIP Sarasota, FL 34234

2.1 TITLE DVC ☐ Change ☐ Addition
2.2 NAME Kerry Kirschner
2.3 STREET ADDRESS 770 S. Palm Avenue
2.4 CITY-ST-ZIP Sarasota, FL 34236

3.1 TITLE DT ☐ Change ☐ Addition
3.2 NAME J. Cabot Hart
3.3 STREET ADDRESS 3982 Defoe Square
3.4 CITY-ST-ZIP Sarasota, FL 34

4.1 TITLE DS ☐ Change ☐ Addition
4.2 NAME Sandra K. Vaughn
4.3 STREET ADDRESS 2135 4th Street
4.4 CITY-ST-ZIP Sarasota, FL 34237

5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME Cynthia L. Conway
5.3 STREET ADDRESS 1256 5th Street
5.4 CITY-ST-ZIP Sarasota, FL 34236

6.1 TITLE D ☐ Change ☐ Addition
6.2 NAME Linda E. Holland
6.3 STREET ADDRESS 617 Gillespie Avenue
6.4 CITY-ST-ZIP Sarasota, FL 34236

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

(941) 951-2800

CR2E037 (10/97)