

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90016 023 ****70.00

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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



2. Principal Place of Business

21 1622 6th Street

Suite, Apt. #, etc.

22 City & State

23 Sarasota, FL

24 Zip

34236

Country

25 Sarasota

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

30

Country

3. Date Incorporated or Qualified

08/17/1989

4. FEI Number

65-0160034

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROTEN, REX
46 WASHINGTON BOULEVARD #1
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 DS ☐ DELETE

NAME VAUGHN, SANDRA K
STREET ADDRESS 2135 4TH ST.
CITY-ST-ZIP SARASOTA FL 34237

TITLE DVC ☐ DELETE

NAME KIRSCHNER, KERRY
STREET ADDRESS 770 S. PALM AVE.
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ DELETE

NAME CONWAY, CYNTHIA L
STREET ADDRESS 1256 5TH ST.
CITY-ST-ZIP SARASOTA FL 34236

TITLE DC ☐ DELETE

NAME FARR, DONALD M
STREET ADDRESS 3301 BAYSHORE RD
CITY-ST-ZIP SARASOTA FL 34234

TITLE DT ☐ DELETE

NAME HART J. CABOT
STREET ADDRESS 3982 DEFOE SQUARE
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME HOLLAND, LINDA E
STREET ADDRESS 617 GILLESPIE AVE.
CITY-ST-ZIP SARASOTA FL 34236

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (11/98)

SIGNATURE: DONALD M. FARR

3-23-99 (941) 751-2800