FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45902** **(6)**

1. Corporation Name

COLLEGE HILL HOMES RESIDENT MANAGEMENT CORPORATI ON

Principal Place of Business	Mailing Address
2401 EAST 32ND AVENUE ~~2207 CENTRAL AVE #300~~ TAMPA FL 33610 US	2401 E 32ND AVENUE ~~2207 CENTRAL AVE #300~~ TAMPA FL 33610 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1991
3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-3093472 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

21	2a. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

LIVINGSTON, GUSSIE LOUISE
~~2205 E 22ND AVE #300~~
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name: Livingston, Gussie Louise
82 Street Address (P.O. Box Number is Not Acceptable): 3705 - 25th Street #500
83
84 City: TAMPA, FL 85 Zip Code: 33610

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LIVINGSTON, GUSSIE L	12 NAME	
STREET ADDRESS	3705 25TH ST., #500	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GLENN, GARY	22 NAME	
STREET ADDRESS	2206 E LAKE AVE. #281	23 STREET ADDRESS	
CITY ST ZIP	TAMPA, FL 33610	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, NITA	32 NAME	
STREET ADDRESS	2010 E LAKE AVE. #551	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JANICE L.	42 NAME	
STREET ADDRESS	3506 N 22ND ST. #274	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, PRISCILLA	52 NAME	
STREET ADDRESS	3710 24TH STREET, #334	53 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP	
TITLE	TD	61 TITLE	☐ Change ☐ Addition
NAME	CARTER, EVELYN	62 NAME	
STREET ADDRESS	1910 E. LAKE AVENUE #555	63 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	64 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)(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.

SIGNATURE: Gussie Louise Livingston 4-28-95 813-247-3748
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0063960