2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49393

YATES, GINNY

DEAN BILL

CAPE CORAL, FL 33914

2724 DEL PRADO BLVD.

CAPE CORAL, FL 33904

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Jan 10, 2007 Secretary of State

Entity Name: CAPE CORAL HOUSING DEVELOPMENT CORP.

Current Principal Place of Business: New Principal Place of Business: 1430 S.E. 16TH PLACE **UNIT B** CAPE CORAL, FL 33990 US **New Mailing Address: Current Mailing Address:** 1430 S.E. 16TH PLACE **UNIT B** CAPE CORAL, FL 33990 US FEI Number: 65-0383037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUESS, THOMAS JR SC HNELL, DON 2127 DÉL PRADO BLVD. 1205 E CAPE CORAL PKWY. CAPE CORAL, FL 33904 US CAPE CORAL, FL 33904 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. SIGNATURE: DON SCHNELL 01/10/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SCHNELL, DON GUESS, TOM Name: Name: 1205 CAPE CORAL PARKWAY Address: 9299 COLLEGE PKWY Address: City-St-Zip: CAPE CORAL, FL City-St-Zip: FORT MYERS, FL 33919 Title: Title: () Delete () Change () Addition WARCHOL, MARTHA S Name: Name: Address: 1633 S.E. 47TH TERRACE Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: () Delete Title: (X) Change () Addition MARSHALL, LENORA Name: MARSHALL, LENORA Name: 4833 SW 20TH PLACE 4833 SW 20TH PLACE Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: CAPE CORAL, FL 33914 () Delete (X) Change () Addition Title: Title: Name: MANISCALCO, SAL Name: MANISCALCO, SAL C/O SUNTRUST BANK, 4532 DEPRADO, BLVD C/O SUNTRUST BANK, 4532 DEPRADO, BLVD Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

YATES, GINNY

CAPE CORAL, FL 33914

SHARNBERGER, LARRY

CAPE CORAL, FL 33991

3412 SW 7TH TERRACWE

C/O BANK OF AMERICA, 407 CAPE CORAL PKWY.W

(X) Change () Addition

SIGNATURE: DON SCHNELL PRES 01/10/2007

C/O BANK OF AMERICA, 407 CAPE CORAL PKWY.W