2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N49393

Entity Name: CAPE CORAL HOUSING DEVELOPMENT CORP.

Current Principal Place of Business:

1430 S.E. 16TH PLACE
UNIT B
CAPE CORAL, FL 33990 US

New Principal Place of Business:

Current Mailing Address:

1430 S.E. 16TH PLACE
UNIT B
CAPE CORAL, FL 33990 US

New Mailing Address:

FEI Number: 65-0383037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SC HNELL, DON
1205 E CAPE CORAL PKWY.
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

SCHNELL, DON
1205 E CAPE CORAL PKWY.
CAPE CORAL, FL 33904 US

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: BONNIE TIMBERLAKE 04/29/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	GUESS, TOM	
Address:	9299 COLLEGE PKWY	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	D	( ) Delete
Name:	WARCHOL, MARTHA S	
Address:	1633 S.E. 47TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	S	( ) Delete
Name:	MARSHALL, LENORA	
Address:	4833 SW 20TH PLACE	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	T	( ) Delete
Name:	MANISCALCO, SAL	
Address:	C/O SUNTRUST BANK, 4532 DEPRADO, BLVD	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	D	( ) Delete
Name:	YATES, GINNY	
Address:	C/O BANK OF AMERICA, 407 CAPE CORAL PKWY.W	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	D	( ) Delete
Name:	SHARNBERGER, LARRY	
Address:	3412 SW 7TH TERRACWE	
City-St-Zip:	CAPE CORAL, FL 33991	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: BONNIE TIMBERLAKE ED 04/29/2008
Electronic Signature of Signing Officer or Director Date