

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49393

FILED
Jan 07, 2011
Secretary of State

Entity Name: CAPE CORAL HOUSING DEVELOPMENT CORP.

Current Principal Place of Business:

824 SE 47TH STREET
UNIT 1 AND 2
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

824 SE 47TH STREET
UNIT 1
CAPE CORAL, FL 33904 US

New Mailing Address:

824 SE 47TH STREET
UNIT 1 AND 2
CAPE CORAL, FL 33904 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:

TIMBERLAE, BONNIE
824 SE 47TH ST.
1-2
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: TUCKER, DIONNE
Address: 2804 DEL PRADO BLVD S.
City-St-Zip: CAPE CORAL, FL 33904

Title: VP
Name: WARCHOL, MARTHA S
Address: 1633 S.E. 47TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

Title: P
Name: MARSHALL, LENORA
Address: 4833 SW 20TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: T
Name: MANISCALCO, SAL
Address: 824 SE 47TH ST
City-St-Zip: CAPE CORAL, FL 33904

Title: D
Name: YATES, GINNY
Address: 8961 CONFERENCE DRIVE SUITE 1
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: SHARNBERGER, LARRY
Address: 3412 SW 7TH TERRACE
City-St-Zip: CAPE CORAL, FL 33991

I hereby 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 all other like empowered.

SIGNATURE: BONNIE TIMBERLAKE

ED

01/07/2011

Electronic Signature of Signing Officer or Director

Date