

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MANNING
TALLAHASSEE, FLORIDA
3915 GULF BLVD., SUITE 200
TALLAHASSEE, FLORIDA 32309-4000

**APPROVED
AND
FILED**

95 MAY -1 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002237 (6)

1. Corporation Name

COMMUNITY HOUSING CORPORATION

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/14/1993** 3a. Date of Last Report **05/01/1994**
4. FFI Number **65-0369621** Applied For ☐
Not Applicable ☒

Principal Place of Business Mailing Address
**630 SOUTH STATE RD 7
MARGATE FL 33068** **630 SOUTH STATE RD 7
MARGATE FL 33068**

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

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$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 the Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**DENNIS STEWART, ESQ.
630 S. STATE ROAD 7
MARGATE FL 33068**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 606.02 and 606.1508, 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 this appointment as registered agent. I am familiar with and understand the provisions of Sections 606.02 and 606.1508, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS
NAME STREET ADDRESS CITY STATE ZIP
D STEWART DENNIS 630 S. STATE ROAD 7 MARGATE FL 33068
D LAVAN DANIEL 630 S. STATE ROAD 7 MARGATE FL 33068
D MCCLURE DAVID 630 S. STATE ROAD 7 MARGATE FL 33068
13. ADDITIONAL OFFICERS AND DIRECTORS
NAME STREET ADDRESS CITY STATE ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 606.02(1)(b), Florida Statutes. I further certify that the information included on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if given under oath. That I am providing a true and accurate report to the recorder or trustee empowered to take into the report as required by Chapter 606, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, and that I am in agreement with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

305-975-2679