

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 03 1996 8:00 am
Secretary of State

DOCUMENT # N93000002237 (6)

1. Corporation Name

COMMUNITY HOUSING CORPORATION

Principal Place of Business

Mailing Address

630 South State Road 7
Margate, Florida 33068

630 South State Road 7
Margate, Florida 33068

3. Date Incorporated or Qualified
5/14/1993

3a. Date of Last Report
5/1/1995

2. Principal Place of Business

2a. Mailing Address

21 2979 Northwest 56 Avenue

26 P.O. Box 100099

4. FEI Number
65-0641379

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

City & State

City & State

23 Lauderdale, Florida

27 Ft. Lauderdale, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33313

25

29 33310-0099

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City

Tallahassee

FL

85

Zip Code
32301

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 Laura R. Dunlap Corporation Service Company Laura R. Dunlap, As Agent April 3, 1996

Signature typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
Dir.	Stewart Dennis	630 S. State Road 7	Margate, FL 33068	☐
Dir.	Lavan Daniel	630 State Road 7	Margate, FL 33068	☐
Dir.	McClure, David	630 S. State Road 7	Margate, FL 33068	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	15 CHANGE	16 ADDITION
President/Dir.		2979 Northwest 56 Avenue	Lauderhill, FL 33313	☒	☐
		2979 Northwest 56 Avenue	Lauderhill, FL 33313	☒	☐
		2979 Northwest 56 Avenue	Lauderhill, FL 33313	☒	☐
Assist. Secretary	Laura R. Dunlap	1201 Hays Street	Tallahassee, FL 32301	☐	☒
				☐	☐
				☐	☐

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laura R. Dunlap, Assistant Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3, 1996 904-222-9171

Date

Phone #

CR2E034 (12/95)

vsd
4/3/96

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

pg 2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 905670 9017A

AUTHORIZATION

COST LIMIT : \$

Patricia Pigut
70.00

ORDER DATE : April 3, 1996

ORDER TIME : 11:40 AM

ORDER NO. : 905670

CUSTOMER NO: 9017A

CUSTOMER: Ms. Patricia L. Sandlin
Stewart & Associates,
P.O. Box 100099

Fort Lauderdale, FL 33310

ANNUAL REPORT FILING

NAME: COMMUNITY HOUSING CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS:

Schaefer
4/3/96

RECEIVED
96 APR -3 PM 12:06
DIVISION OF CORPORATION