

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # N93000002237 (6)

1. Corporation Name

COMMUNITY HOUSING CORPORATION

Principal Place of Business

630 SOUTH STATE RD. 7
MARGATE FL 33068

Mailing Address

630 SOUTH STATE RD. 7
MARGATE FL 33068

FILED

97 MAY -1 AM 8:43

SECRETARY OF STATE



2. Principal Place of Business

21 2979 N. W. 56 Avenue

Suite, Apt. #, etc.

22 City & State
23 Lauderhill, Florida

24 Zip
33313

25 Country
Broward

2a. Mailing Address

26 P. O. Box 100099

Suite, Apt. #, etc.

27 City & State
28 Ft. Laud., Florida

29 Zip
33310-0099

30 Country
Broward

3. Date Incorporated or Qualified

05/14/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

~~65-0360624~~ 65-0641379

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
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)
2979 N. W. 56 Avenue

83

84 City
Lauderhill

FL

85 Zip Code
33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME STEWART DENNIS
STREET ADDRESS 630 S. STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33068

TITLE D ☐ DELETE
NAME LAVAN DANIEL
STREET ADDRESS 630 S. STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33068

TITLE D ☐ DELETE
NAME MCCLURE DAVID
STREET ADDRESS 630 S. STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33068

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V. President/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2979 N. W. 56 Avenue
1.4 CITY-ST-ZIP Lauderhill, Fla., 33313

2.1 TITLE President/D ☒ Change ☐ Addition
2.2 NAME Vito DiFronzo
2.3 STREET ADDRESS 2979 N. W. 56 Avenue
2.4 CITY-ST-ZIP Lauderhill, Fla., 33313

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Stephen H. Kipple
3.3 STREET ADDRESS 2979 N. W. 56 Avenue
3.4 CITY-ST-ZIP Lauderhill, Fla., 33313

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 400002167424-3
4.3 STREET ADDRESS -05/06/97--01070--009
4.4 CITY-ST-ZIP *****70.00 *****70.00

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

Vice-President
DENNIS STEWART

3/29/96

Date

954-777-5142

Daytime Phone #

CR2E037 (12/95)