

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001649 (1)

1. Corporation Name

CAPE CORAL HOUSING REHABILITATION AND DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

2911 DEL PRADO BLVD
CAPE CORAL FL 33904

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CAPE CORAL FL 33904



3. Date Incorporated or Qualified

04/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0573570

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

23

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

24

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

ADAMSKI, ROBERT

2724 DEL PRADO BLVD NEW STREET
CAPE CORAL FL 33904

81 Name

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

1714 CAPE CORAL PARKWAY

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME **PD**
HAFFER, RICHARD
STREET ADDRESS **3417 SW 8TH STREET**
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☐ DELETE

NAME **VD**
LURA, BOB
STREET ADDRESS **1110 SE 20TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ DELETE

NAME **D**
BURWELL, ROBERTA
STREET ADDRESS **1406 SE 2ND PLACE #2**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☒ DELETE

NAME **SD**
SENTLEBER, RUTH M
STREET ADDRESS **3723 SE 16TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ DELETE

NAME **TD**
WALDIER, JACK JR
STREET ADDRESS **1414 SHELBY PARKWAY**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ DELETE

NAME **D**
HENDRICKS, RICK
STREET ADDRESS **1460-4 PARKSHORE CIRCLE**
CITY-ST-ZIP **FT MYERS FL 33901**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SD
Senfteleber, Ruth M.

☒ Change

☐ Addition

(misspelled)

3723 SE 16th Place
Cape Coral, Fl. 33904

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

Richard Haffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 941-542-2709

Date

Daytime Phone #

CR2E037 (12/95)