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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001649 (1)**

1. Corporation Name

**CAPE CORAL HOUSING REHABILITATION AND DEVELOPMENT  
T CORP.**

Principal Place of Business

Mailing Address

2911 DEL PRADO BLVD  
CAPE CORAL FL 33904

2911 DEL PRADO BLVD  
CAPE CORAL FL 33904-7231



3. Date Incorporated or Qualified **04/04/1995** 3a. Date of Last Report **04/09/1996**

2. Principal Place of Business

2a. Mailing Address

21 **1430 S.E. 16th Place**

26 **1430 S.E. 16th Place**

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 **B**

27 **B**

City & State

City & State

23 **CAPE CORAL FL.**

28 **CAPE CORAL FL.**

Zip

Country

Zip

Country

24 **33990**

25 **USA**

29 **33990**

30 **USA.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMSKI, ROBERT  
1714 CAPE CORAL PKWY  
CAPE CORAL FL 33904**

81 Name

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

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	PD	<input type="checkbox"/> DELETE
NAME	<b>HAHER, RICHARD</b>	
STREET ADDRESS	<b>3417 SW 8TH STREET</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33991</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>LURA, BOB</b>	
STREET ADDRESS	<b>1110 SE 20TH PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>BURWELL, ROBERTA</b>	
STREET ADDRESS	<b>1406 SE 2ND PLACE #2</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>SENFTLEBER, RUTH M.</b>	
STREET ADDRESS	<b>3723 SE 16TH PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>WALDIER, JACK JR</b>	
STREET ADDRESS	<b>1414 SHELBY PARKWAY</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>HENDRICKS, RICK</b>	
STREET ADDRESS	<b>1460-4 PARKSHORE CIRCLE</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33901</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D Levic Bentley</b>
1.3 STREET ADDRESS	<b>P. O. Box 1333 3628 S.E. 8th Place</b>
1.4 CITY-ST-ZIP	<b>Cape Coral, FL 33910</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D Robert C. Adamski</b>
2.3 STREET ADDRESS	<b>1714 Cape Coral Parkway</b>
2.4 CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SD Terry L. Frith</b>
3.3 STREET ADDRESS	<b>126 N. E. 12th Court</b>
3.4 CITY-ST-ZIP	<b>Cape Coral, FL 33909</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D Marlene Knoll</b>
4.3 STREET ADDRESS	<b>1126 Floridian Court</b>
4.4 CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D Lois Natiello</b>
5.3 STREET ADDRESS	<b>935 Pondella Road</b>
5.4 CITY-ST-ZIP	<b>N. Ft. Myers, FL 33903</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97 1941-772-2249

Date

Daytime Phone # 0055005

CR2E037 (9/96)