

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001649

FILED  
Jan 12, 2005  
Secretary of State

**Entity Name:** CAPE CORAL HOUSING REHABILITATION AND DEVELOPMENT CORP.

**Current Principal Place of Business:**

1430 SE 16TH PLACE  
#B  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

1430 SE 16TH PLACE  
#B  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

**FEI Number:** 65-0573570      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FLEEMAN, R.C.  
1430 SE 16 PLACE  
UNIT B  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HELLENBRAND, PAULA  
Address: 4821 CORONADO PARKWAY  
City-St-Zip: CAPE CORAL, FL 33904

Title: PD ( ) Delete  
Name: ABEL, GENE  
Address: 11101 SW 15TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: TD ( ) Delete  
Name: MACONE, CAROL  
Address: 701 SESAME COURT  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: ADAMSKI, ROBERT C  
Address: 1714 CAPE CORAL PARKWAY  
City-St-Zip: CAPE CORAL, FL 33604

Title: D ( ) Delete  
Name: ASK, ANDREW  
Address: 5215 DEL PRADO BLVD.  
City-St-Zip: CAPE CORAL, FL 33904

Title: VD ( ) Delete  
Name: MURPHY, LOUISE  
Address: 4423 SE 19TH AVE  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: ADAMSKI, ROBERT C  
Address: 1714 CAPE CORAL PARKWAY  
City-St-Zip: CAPE CORAL, FL 33604

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MURPHY, LOUISE  
Address: 4423 SE 19TH AVE  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE ABEL

P

01/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date