

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001649

FILED
Jan 25, 2006
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: VD () 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: D () 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: PD (X) Change () Addition
Name: ABEL, GENE P
Address: 11101 SW 15TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 P. ABEL

PD

01/25/2006

Electronic Signature of Signing Officer or Director

Date