2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001649

FILED Jan 14, 2008 Secretary of State

Entity Name: CAPE CORAL HOUSING REHABILITATION AND DEVELOPMENT CORP.

Current Principal Place of Business: New Principal Place of Business: 1430 SE 16TH PLACE #R CAPE CORAL, FL 33990 US **New Mailing Address: Current Mailing Address:** 1430 SE 16TH PLACE CAPE CORAL, FL 33990 US FEI Number: 65-0573570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLEEMAN, R.C. MURPHY, LOUISE 1430 SE 16 PLACE 1430 SE 16 PLACE **UNIT B** UNIT B CAPE CORAL, FL 33990 US CAPE CORAL, FL 33990 US 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: LOUISE MURPHY 01/14/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HELLENBRAND, PAULA KNOLL, MARLENE Name: Name: 4821 CORONADO PARKWAY Address: 12730 NEW BRITTANY BLVD. Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: FORT MYERS, FL 33907 Title: PD () Delete Title: () Change () Addition ADAMSKI, ROBERT Name: Name: Address: 1713 CAPE CORAL PARKWAY Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: () Delete Title: () Change () Addition MACONE, CAROL Name: Name: 701 SESAME COURT Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: BOYD, KIM Name: 2326 DEL PRADO BLVD. S. Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: () Delete Title: () Change () Addition ROSE, WAITE Name: Name: 125 NE 10TH PLACE, UNIT 106 Address: Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: Title: () Delete Title: (X) Change () Addition MURPHY, LOUISE TOLLIE, RICH Name: Name: Address: 4423 SE 19TH AVE Address: 1919 HARBOR CIRCLE CAPE CORAL, FL 33904 CAPE CORAL, FL 33914 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT ADAMSKI PRES 01/14/2008