## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N97000000884 (3) DOCUMENT #

1. Corporation Name

CENTRAL ELORIDA HOUSING DEVELOPMENT CORPORATION

FILED 00 SEP 22 PN 1: 19

SECRETARY OF STATE

CENTRAL I CONIDA NOCING DE	AFFOL MICIAL COLLI O	//// I L	( 5.0)			
Principal Place of Business	Mailing Address	10//	ø\	T I BATFINT ATA LATEL CANDIT	BRITE BATTI BRITE BRITE BATTI BATA	) 18301 (21) BIEL 1851
1330 COCOANUT AVE	1830 COCOANUT AVE	1100 C	יאל ו	3. Date Incorporated or C	Yualified	
SARASOTA FL 34236	SARASOTA FL 34236	// 30 3.	- cx	02/13/1997	rualineo.	
1180 57 37			377	4. FEI Number		Applied For
Con last 2/24	77V E	SAGE JOSE	. <del>9</del> /	4. 12.110201		Not Applicable
2. Principal Place of Business	2a, Mailing Address	<u>_</u>	3923	4	\$8	.75 Additional
21	26		- /	<ol><li>Certificate of Status De</li></ol>	esireo i <del></del> i ·	ee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Fin	ancing \$5	.00 May Be
22	27			Trust Fund Contribution	n Ad	ded to Fees
City & State	City & State			7. Is this nonprofit corpor		ciation?
23 =	28				Yes No	
Zip Country	Zip	Country	•	8. This corporation owes		
24 25	29	30		Personal Property Tax  10. Name and Address o		
9. Name and Address of Curren	nt Registered Agent	81 1	Name /	10, Raine and Address o	Them registered Agent	
		1 1		ornie M	ard) Ar.	
GOFF, MICHELE		82 8	Street Addre	ss (P.O. Box Number is Not	Acceptable)	ļ
1990 COCOANUT AVE			110	0 320/	<u></u> -	
SAPASOTA FL 34236		83				
		84 (	City 5	- Cot	FL 85	Zip Code
11. Pursuant to the provisions of Sections 617.050	2 and 617 1508 Florida Stat	tutes the above-n	amed corpo	ration submits this statemen	t for the purpose of chan	ging its registered
<ol> <li>Pursuant to the provisions of Sections 617.050         office or registered agent, or both, in the State         agent. I am familiar with, and accept the oblig</li> </ol>	of Florida. Such change was	s authorized by the	ne corporatio	n's board of directors. I her	aby accept the appointment	ent as registered
	1	Fibrida Statutes		1/1/10	7-22-	-00
SIGNATURE Signature, typed or printed name of registered ag	ent and title if applicable. (N	OTE: Registered Agent :	signature required	1 when reinstating)	DATE	
	D DIRECTORS	12.		ADDITIONS/CHANGES	TO OFFICERS AND DIRE	
TITLE President/D	DELETE.	. 1.1 TITLE			∐ CI	hange L Addition
NAME Lonnie Wa	To IT	1.2 NAME				
STREET ADDRESS 1180 5214.	5/4 C/	1.3 STREET AD	DRESS			į
CITY-ST-ZIP SarayJota	F-1 39254	1.4 CITY-ST-2	7P4			Luca Daddisiaa (
TITLE Director	/ □ DELETE	2.1 TITLE	Apr	1	L. C	hange L Addition C
NAME TAMES YES		2.2 NAME	ARR	-297 25	<b>.</b> .	
STREET ADDRESS 1180 3 2 907	Fl. 34234	2.3 STREET AD	DHESS	, -,,,-0	SE SE	
CITY-ST-ZIP Ja. ~a-JO7A		2.4 CITY-ST-	T AR	61.75		hange
TITLE DIFFERTO	☐ DELETE	3.1 TITLE	$\{ \{ \{ u \} \} \}$	1 4120		lange Addition
NAME Flora Iron	K7	3.2 NAME	T- 050	I 875/	SEP ETA HAS	וד
STREET ADDRESS // 8 0 4 2	2/34239	3.3 STREET AD	<b>1</b>	' '''	第次 次	
CITY-ST-ZIP SAFA JOTA	DELETE	3.4. CITY-ST- 4.1 TITLE	ZIP			hange Addition
TITLE		4.2 NAME	İ	367.25		
NAME	أ حصاد	4.3 STREET AD	NORFSS !	707.	ORIDA ORIDA	,
STREET ADDRESS	1498-20	100 4.4 CITY-ST-			27	
TITLE TO THE STATE OF THE STATE	DELETE	5.1 TITLE	-			hange Addition
NAME	المواسم المواسم المواسم المواسم	5.2 NAME	ļ			
STREET ADDRESS	Du i	5.3 STREET AD	DRESS			
CITY-SI-ZIP	7K 065	5.4 CITY-ST-	)	_		
TITLE	☐ DELETE	6.1 TITLE		. ചിന്ന്ന്	1340734 (20,000,01000	hapge Addition
NAME		6.2 NAME			1/28/0001008	nn2
STREET ADDRESS		6.3 STREET AL	ODRESS		**629.75 ***	*367.25
CITY-ST-ZIP		6.4 CITY-ST-				
14 I bereby certify that the information supplied y	vith this filing does not qualify	for the exemption	n stated in S	Section 119.07(3)(i), Florida	Statutes. I further certify the	nat the information

I nereoy certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the informatio 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: