FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 559 Sion of corporations 1996 P94000022657 (8) DOCUMENT # Corporation Name COMMUNITY HOUSING CORPORATION REALTY Mailing Address Principal Place of Business 235 S. OSPREY AVE. 46 N. WASHINGTON BLVD. SARASOTA FL 34236 SARASOTA FL 34236 3a. Date of Last Report 3. Date Incorporated or Qualified 03/22/1994 04/04/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0484037 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Zip. Country Zip Florida Statutes Yes No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PATTERSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 46 NORTH WASHINGTON BLVD. 83 SARASOTA FL 34236 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and title if applicable [NO] E. Rag stered Agent signature required when reinstaling) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1, 1 TITLE TITLE CR2E034 CONWAY, JACK T. 1.2 NAME NAME 235 S. OSPREY AVE. 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CHY - ST- 2IP CITY-ST-ZIP ☐ Change Addition DELFTE Dī 2 1 THILE TITLE FARR, DONALD M. 2.2 NAME NAME 235 S. OSPREY AVE. 2.3 STREET ADORESS STREET ADDRESS SARASOTA FL 24 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3. 1 TITLE ħ TITLE CLARET, JULIO CALRET, JULIO 3.2 NAME NAME 235 S. OSPREY AVE. 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4. 1 TITLE TITLE MRSTIK, DOUGLAS M. MRSTIK, DOUGLAS MN. 4.2 NAME NAME 235 S. OSPREY AVE. 4.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELE IE 5. 1 TITLE 71TLE LANCASTER, RICHARD J. HOLLAND, LINDA E. 5.2 NAME NAME 235 S. OSPREY AVE. 235 S. OSPREY AVE. 5.3 STREET ADDRESS STREET ADDRESS SARASOTA FL SARASOTA FL5.4 CITY - ST - ZIP CITY-SI-ZIP Add tion Change **VPS** DELETE 6. 1 TITLE TITLE SCOTT, BEVERLY 6.2 NAME NAME 235 S. OSPREY AVE. 6.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 6.4 CITY - ST - ZIP SITN- S1 - ZIP I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachman with an address.

SIGNATURE:

EAND TYPED OF PRATECULARIE OF SIGNING OFFICER OR DIRECTOR

(941) 365-7971

Daytime P*