

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 09 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000084340 (5)**  
 1. Corporation Name  
**COMMUNITY HOUSING CORPORATION CONSTRUCTION**



Principal Place of Business <b>46 N. WASHINGTON BLVD., #1 SARASOTA FL 34236</b>	Mailing Address <b>46 N. WASHINGTON BLVD., #1 SARASOTA FL 34236-5977</b>
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2. Principal Place of Business <b>21 1620 SIXTH STREET</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>10/30/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite Apt. # etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0626852</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>22 SARASOTA FLORIDA</b>		City & State <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>23 34236</b>	Country	Zip <b>28</b>	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ROTE, REX A 46 N. WASHINGTON BLVD., #1 SARASOTA FL 34236</b>		10. Name and Address of New Registered Agent <b>81 Name</b>	
		<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	
		<b>83</b>	
		<b>84 City</b>	
		<b>FL 85 Zip Code</b>	

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>SCOTT, BEVERLY</b> 235 S. OSPREY AVE. SARASOTA FL 34236	1.1 TITLE <b>S, T</b>	<b>HART, CATHERINE</b> 1620 SIXTH STREET SARASOTA FL 34236
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<b>BALDI, PETER</b> 235 S. OSPREY AVE. SARASOTA FL 34236	2.1 TITLE <b>P</b>	<b>BALDI, PETER</b> 1620 SIXTH STREET SARASOTA FL 34236
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>ST</b>	<b>DUNCAN, STAN</b> 235 S. OSPREY AVE. SARASOTA FL 34236	3.1 TITLE <b>D</b>	<b>CONWAY, CYNTHIA L.</b> 1620 SIXTH STREET SARASOTA FL 34236
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>DS</b>	<b>CONWAY, JACK T</b> 235 S. OSPREY AVE. SARASOTA FL 34236	4.1 TITLE <b>D</b>	<b>CONWAY, JACK T.</b> 1620 SIXTH STREET SARASOTA FL 34236
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>FARR, DONALD M</b> 235 S. OSPREY AVE. SARASOTA FL 34236	5.1 TITLE	<b>1620 SIXTH STREET SARASOTA FL 34236</b>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>MRSTIK, DOUGLAS M</b> 235 S. OSPREY AVE. SARASOTA FL 34236	6.1 TITLE	<b>1620 SIXTH STREET SARASOTA FL 34236</b>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address.

SIGNATURE: \_\_\_\_\_ (941) 365-7971  
 3/24/97 (941) 365-7971

CR2E034 (9/96)

**COMMUNITY HOUSING CORPORATION CONSTRUCTION**

**1997 ANNUAL REPORT CONT.**

**13. OFFICERS/DIRECTORS**

<b>TITLE:</b>	<b>D</b>
<b>NAME:</b>	<b>HART, J. CABOT</b>
<b>ADDRESS:</b>	<b>1620 SIXTH STREET</b>
<b>CITY, STATE, ZIP:</b>	<b>SARASOTA FL 34236</b>