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Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90058 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S91059

1. Corporation Name

COMMONWEALTH HOUSING CORPORATION

Principal Place of Business

505 AVENUE A, NORTHWEST  
SUITE 209  
WINTER HAVEN FL 33881  
US

Mailing Address

P.O. BOX 1112  
WINTER HAVEN FL 33882  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1991

4. FEI Number

59-3099910

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LOCKWOOD, DOUGLAS A III  
141 5TH STREET NW  
SUITE 300  
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name William L. Raley  
82 Street Address (P.O. Box Number is Not Acceptable)  
505 Ave A, NW  
83 Suite 209  
84 City Winter Haven FL 85 Zip Code 33881

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

4/6/99

DATE

12. OFFICERS AND DIRECTORS

TITLE S  
NAME CAHOON, ALISON A  
STREET ADDRESS 505 AVE A, NW SUITE 209  
CITY-ST-ZIP WINTER HAVEN FL

TITLE PD  
NAME RALEY, WILLIAM L.  
STREET ADDRESS 505 AVE A, NW SUITE 209  
CITY-ST-ZIP WINTER HAVEN FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME Kiser, Alison A.  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

DATE

941-294-7523

Daytime Phone #

CR2E034 (1/98)