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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **763498** (3)

1. Corporation Name
THE FLORIDA ASSOCIATION OF HOUSING FINANCE AGENCIES, INC.

Principal Place of Business	Mailing Address
2211 E. HILLCREST ST. ORLANDO FL 32803 US	2211 E. HILLCREST ST ORLANDO FL 32803-4905 US

3. Date Incorporated or Qualified: 06/01/1982
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business — 21: 14213 Tilden Rd. — 22: FL — 23: Winter Garden FL — 24: 34787 — 25: USA
2a. Mailing Address — 26: PO Box 1343 — 27: — 28: Windermere FL. — 29: 34786 — 30: USA

4. FEI Number: 59-2949126 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FISHER, LISA
2211 E. HILLCREST ST
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: LISA FISHER
82 Street Address (P.O. Box Number is Not Acceptable): 14213 Tilden Rd
83
84 City: Winter Garden FL 85 Zip Code: 34787

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] 1/28/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	Executive Director Secretary	☒ Change ☐ Addition
NAME	FISHER, LISA		1.2 NAME		
STREET ADDRESS	2211 E. HILLCREST ST		1.3 STREET ADDRESS	Lisa Fisher PO Box 1343 N/A	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Windermere FL 34786	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ABBOTT, ANGELA		2.2 NAME		
STREET ADDRESS	11A MAX BREWER MEMORIAL PKWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JERNIGAN, GORDON		3.2 NAME		
STREET ADDRESS	25 W CEDAR ST STE 530		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, LEONARD		4.2 NAME		
STREET ADDRESS	110 N E 3RD STREET SUITE 300		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE	President	☒ Change ☐ Addition
NAME	ELLINGTON, RICHARD		5.2 NAME		
STREET ADDRESS	701 US HIGHWAY 1, SUITE 402		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/28/97 407 6562737