FILE NOW: FILING FEE IS $61.25

FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
14213 TILDEN ROAD STE 5 WINTER GARDEN FL 34787 US	POST OFFICE BOX 1343 WINDERMERE FL 34786 US

2. Principal Place of Business
21 1162 DELANEY AVE
22 Suite, Apt. #, etc.
23 City & State: ORLANDO, FLORIDA
24 Zip: 32806
25 Country: US

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: 06/01/1982

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLETCHER, LISA
14213 TILDEN ROAD
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name: LISA FISHER
82 Street Address (P.O. Box Number is Not Acceptable): 343 AGNES ST
83
84 City: ORLANDO FL 85 Zip Code: 32801

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: L. FISHER EXECUTIVE DIRECTOR 1/5/98
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	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, LISA		1.2 NAME		
STREET ADDRESS	POST OFFICE BOX 1343 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL		1.4 CITY-ST-ZIP		
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	P	☐ DELETE	5.1 TITLE		☐ 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 (10/97)

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

SIGNATURE: LISA FISHER 1/5/98 407 481 2324