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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **763498**

1. Corporation Name

THE FLORIDA ASSOCIATION OF HOUSING FINANCE AGENCIES, INC.

Principal Place of Business	Mailing Address
1162 DELANEY AVE STE 5 ORLANDO FL 32806 US	POST OFFICE BOX 1343 WINDERMERE FL 34786 US

2. Principal Place of Business 21 343 Agnes Street Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip 24 32801 Country 25 USA	2a. Mailing Address 26 PO Box 568007 Suite, Apt. #, etc. 27 City & State 28 Orlando FL Zip 29 32856 Country 30 USA	3. Date Incorporated or Qualifed 06/01/1982 4. FEI Number 59-2949126 ☐ Applied For ☒ Not Applicable 5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FLETCHER, LISA
343 AGNES ST
ORLANDO FL 32805

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 _____ 2/16/99
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 (11/98)

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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 2/16/99 407 481-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #