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2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am DOCUMENT # 763498 **Secretary of State** THE FLORIDA ASSOCIATION OF HOUSING FINANCE AGENC 02-15-2001 90061 018 ****70.00 Principal Place of Business Mailing Address BOX-568007 370 PINELLAS BAYWAY MO FL 32856 TIERRA VERDE FL 33715 US 2. Principal Place of Business O Pinellas Bayway Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2949126 Not Applicable -. Zip 🜊 🍃 \$8.75. Additional ____ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FISHER, LISA 370 PINELLAS BAYWAY Zip Code TIERRA VERDE FL 33715 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATUR ped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be EF/IS \$61.2 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. 2139 Fisher SD Change Delete TITLE TITLE FISHER, LISA NAME 370 Pineclas Bayway #C NAME POST OFFICE BOX 1343 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WINDERMERE FL 32856 TITLE □ Delete TITLE ABBOTT, ANGELA NAME - - - -NAME 11A MAX BREWER MEMORIAL PKWAY STREET ADDRESS: STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL Delete TITLE Change ☐ Addition TITLE JERNIGAN, GORDON NAME NAME STREET ADDRESS 25 W CEDAR ST STE 530 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROBINSON, LENNARD NAME STREET ADDRESS 110 N E 3RD STREET SUITE 300 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-ZIP TITLE 'Delete Change Addition ELLING TON RICHARD NAME NAME 701 US HIGHWAY 1, SUITE 402 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if

an address, with all other like empowered

changed, or on an att

SIGNATURE