

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006845

FILED  
Apr 12, 2002 8:00 AM  
Secretary of State

Entity Name: AFFORDABLE HOMEOWNERSHIP FOUNDATION, INC.

**Current Principal Place of Business:**

13180 N CLEVELAND AVE STE 138  
N FT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

13180 N CLEVELAND AVE STE 138  
N FT MYERS, FL 33903

**New Mailing Address:**

600 CAPTAIN'S COVE COURT  
SUITE 10  
SALEM, SC 29676

FEI Number: 65-1046928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SHELLMAN, ROBERT  
13180 N.CLEVELAND AVE.  
FT MYERS, FL 33903 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TAMMARO, JEANNETT  
Address: 151 WALL ROAD  
City-St-Zip: TRYON, NC 28782

Title: D ( ) Delete  
Name: HANSEN, TRACY R  
Address: 17870 LEETANA BLVD  
City-St-Zip: N.FT.MYERS, FL 33917

Title: D ( ) Delete  
Name: REHEIN, WAYNE  
Address: 2323 DELPRADO BLVD.STE #13  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE REHEIN

D

04/12/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date