


**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N01000005744 1. Entity Name AVON PARK HOUSING DEVELOPMENT CORPORATION	
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Principal Place of Business 101 E KENNEDY BLVD STE 3200 TAMPA, FL 33601	Mailing Address 101 E KENNEDY BLVD STE 3200 TAMPA, FL 33601
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54062878



2. Principal Place of Business 201 E. Kennedy Blvd. Suite, Apt. #, etc. Suite 600 City & State Tampa, FL Zip 33602	3. Mailing Address 201 E. Kennedy Blvd. Suite, Apt. #, etc. Suite 600 City & State Tampa, FL Zip 33602	07102004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-4447654 51-0499312 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GILMORE, RICARDO L 101 E KENNEDY BLVD STE 3200 TAMPA, FL 33601	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 18pt;">FL</div> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ROBERTS, LESTER A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1002 S WALDRON AVE	NAME	
STREET ADDRESS	AVON PARK, FL 33825	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRIN, MARIAN	NAME	
STREET ADDRESS	313 DOVE STREET	STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 33872	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDHAM, ALICE	NAME	
STREET ADDRESS	406 TULANE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FL 33825	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANCO, CHRISTINA	NAME	D Minnette Williams
STREET ADDRESS	312 S LOTELA AVE	STREET ADDRESS	1713 Lake Lotela Dr.
CITY-ST-ZIP	AVON PARK, FL 33825	CITY-ST-ZIP	Avon Park, FL 33825
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVLIN, PAUL M	NAME	
STREET ADDRESS	315 TULANE CIR.	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FL 33825	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, RAY	NAME	
STREET ADDRESS	36 DELANEY HEIGHTS	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FL 33825	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 changed, or on an attachment with an address, with all other like empowered.

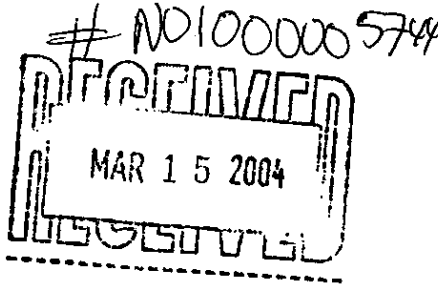
SIGNATURE: Alice C. Oldham Alice C. Oldham 07/12/04 863-452-4432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0023

Attachment

57062878



Date of this notice: 03-10-2004

Employer Identification Number:
51-0499312

Form: SS-4

Number of this notice: CP 575 F

For assistance you may call us at:
1-800-829-4933

AVON PARK HOUSING DEVELOPMENT
% ALICE OLDHAM
PO BOX 1327
AVON PARK FL 33826

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 51-0499312. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.