


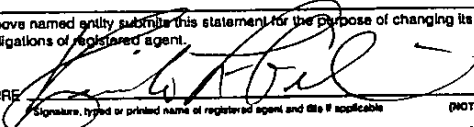
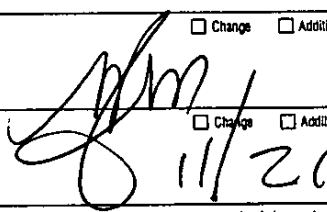

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2005 NOT-FOR-PROFIT CORPORATION  
REINSTATEMENT**

DOCUMENT # N01000005744			
1. Entity Name AVON PARK HOUSING DEVELOPMENT CORPORATION			
Principal Place of Business 201 E KENNEDY BLVD STE 600 TAMPA, FL 33602		Mailing Address 201 E KENNEDY BLVD STE 600 TAMPA, FL 33602	
2. Principal Place of Business 21 TULANE DRIVE Suite, Apt. #, etc.		3. Mailing Address 21 TULANE DRIVE Suite, Apt. #, etc.	
City & State AVON PARK, FL		City & State AVON PARK, FL	
Zip 33825		Country U S	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
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 GILMORE, RICARDO L Street Address (P.O. Box Number is Not Acceptable) 201 E KENNEDY BLVD STE 600 City TAMPA FL Zip Code 33602	
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 11/15/05	
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, LESTER A 1002 S WALDRON AVE AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500061556055 11/21/05--01003--008 **175.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERRIN, MARIAN 313 DOVE STREET SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500061556055 11/21/05--01003--009 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLDHAM, ALICE 408 TULANE DRIVE AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 21 TULANE DRIVE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MINNETTE 1713 LAKE LOTELA DR AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVLIN, PAUL M 315 TULANE CIR. AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  11/21
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, RAY 38 DELANEY HEIGHTS AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		DATE 11/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	