
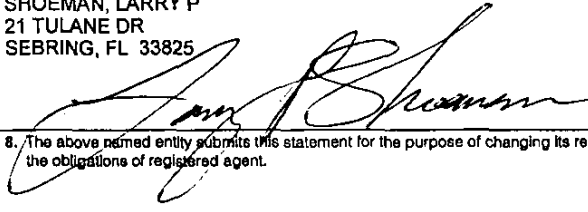
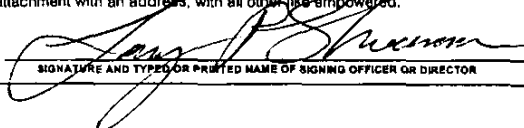


**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90035 023 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N01000005744</b> 1. Entity Name <b>AVON PARK HOUSING DEVELOPMENT CORPORATION</b>			
Principal Place of Business 21 TULANE DRIVE AVON PARK, FL 33825		Mailing Address PO BOX 1327 AVON PARK, FL 33825	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number <b>51-0499312</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHOEMAN, LARRY P</b> <b>21 TULANE DR</b> <b>SEBRING, FL 33825</b>  		7. Name and Address of New Registered Agent  Name <b>Larry P. Shoeman</b> Street Address (P.O. Box Number is Not Acceptable) <b>21 Tulane Drive</b>  City <b>Avon Park</b>	
State <b>FL</b>		Zip Code <b>33825</b>	
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 _____ <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00</b> May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ROBERTS, LESTER A</b> <b>1002 S WALDRON AVE</b> <b>AVON PARK, FL 33825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donna Vinson <b>930 U.S. 27 South</b> <b>Avon Park, Florida 33825</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>PERRIN, MARIAN</b> <b>313 DOVE STREET</b> <b>SEBRING, FL 33872</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>SHOEMAN, LARRY</b> <b>21 TULANE DRIVE</b> <b>AVON PARK, FL 33825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WILLIAMS, MINNETTE</b> <b>1713 LAKE LOTELA DR</b> <b>AVON PARK, FL 33825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DEVLIN, PAUL M</b> <b>315 TULANE CIR.</b> <b>AVON PARK, FL 33825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>YEGGY, DEBORAH</b> <b>516 WEST CIRXLE ST</b> <b>AVON PARK, FL 33825</b>	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 exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> 		Date: <b>1/09/07</b> Daytime Phone #: <b>863 452-4452</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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