


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90066 026 \*\*\*\*61.25

|   |                     |  |   |  |  |
|---|---------------------|--|---|--|--|
| DOCUMENT # N01000005744   |                     |  |   |         |  |
| 1. Entity Name<br>AVON PARK HOUSING DEVELOPMENT CORPORATION   |                     |  |   |  |  |
| Principal Place of Business<br>21 TULANE DRIVE<br>AVON PARK, FL 33825   |                     |  | Mailing Address<br>PO BOX 1327<br>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             | Zip<br>33826   | Country   | 4. FEI Number<br>51-0499312  |  |
|   |                     |  |   | Applied For<br>Not Applicable  |  |
|   |                     |  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |                     |  | 7. Name and Address of New Registered Agent           |  |  |
| SHOEMAN, LARRY P<br>21 TULANE DR<br>AVON PARK, FL 33825   |                     |  | Name  |  |  |
|   |                     |  | Street Address (P.O. Box Number is Not Acceptable)    |  |  |
|   |                     |  | City  | FL   | Zip Code   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                     |  |   |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008   |                     | 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  |  |
| 10. OFFICERS AND DIRECTORS  |                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
| TITLE   | PD                  | <input type="checkbox"/> Delete  | TITLE   | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | ROBERTS, LESTER A   |  | NAME  |  |  |
| STREET ADDRESS  | 1002 S WALDRON AVE  |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | AVON PARK, FL 33825 |  | 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  | SHOEMAN, LARRY      |  | NAME  |  |  |
| STREET ADDRESS  | 21 TULANE DRIVE     |  | 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  | WILLIAMS, MINNETTE  |  | NAME  |  |  |
| STREET ADDRESS  | 1713 LAKE LOTELA DR |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | AVON PARK, FL 33825 |  | CITY-ST-ZIP   |  |  |
| TITLE   | D                   | <input type="checkbox"/> Delete  | TITLE   | PD   | <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | YEGGY, DEBORAH      |  | NAME  |  |  |
| STREET ADDRESS  | 516 WEST CIRCLE ST  |  | STREET ADDRESS  | 516 West Circle St   |  |
| 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 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 address with an address, with all other like empowered. |                     |  |   |  |  |
| SIGNATURE: _____  |                     |  | Date: 1/12/08   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                     |  | Daytime Phone #                                       |  |  |