

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005744

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** AVON PARK HOUSING DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

21 TULANE DRIVE  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1327  
AVON PARK, FL 33826

**New Mailing Address:**

**FEI Number:** 51-0499312      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHOEMAN, LARRY P  
21 TULANE DR  
AVON PARK, FL 33825      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  
Name: ROBERTS, LESTER A  
Address: 1002 S WALDRON AVE  
City-St-Zip: AVON PARK, FL 33825

Title: PD  
Name: PERRIN, MARIAN  
Address: 313 DOVE STREET  
City-St-Zip: SEBRING, FL 33872

Title: D  
Name: WADE, GREG  
Address: 522 W. CIRCLE ST.  
City-St-Zip: AVON PARK, FL 33825

Title: D  
Name: HARRIS, APRIL  
Address: 140 S. COMMERCE AVE.  
City-St-Zip: SEBRING, FL 33870

Title: D  
Name: BARNARD, CAMERON  
Address: 2115 N. OLIVIA DR.  
City-St-Zip: AVON PARK, FL 33825

Title: VPD  
Name: VINSON, DONNA  
Address: 800 W. MAIN STREET  
City-St-Zip: AVON PARK, FL 33825

I hereby 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 all other like empowered.

SIGNATURE: LARRY P. SHOEMAN

SEC.

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date