2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0100005744

1. Entity Name



FILED May 01, 2003 8:00 am g Secretary of State

05-01-2003 90990 049 ****61.25

AVON PA	ARK HOUSING DEVELOPMEI	NT CORPORATION						
101 E KENNEDY BLVD STE 3200 10		Mailing Address 101 E KENNEDY BLVD STE TAMPA FL 33601	101 E KENNEDY BLVD STE 3200			~ ~		
)	OS BURNI (M o s) da		
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			HECK HERE IF MAKING	CHANGES		
City & State		City & State		4. FEI Number 59	4. FEI Number 59-1117651 Applied For			
Zip	Country	Zip	Country				ot Applicable	
				5. Certificate of Star		\$8.75 Add Fee Require		
	6. Name and Address of Currer	t Registered Agent	Name	7. Name and Addre	ess of New Registered A	gent		
GILMORE, RICARDO L			-					
101 E KENNEDY BLVD STE 3200			Street Address		ot Acceptable)			
TAMPA F	FL 33601						1	
			City		FL	Zip Cod	е	
	e named entity submits this statement	for the purpose of changing its r	egistered office or regis	stered agent, or both, in th	ne State of Florida. I am fa	amiliar with,	and accept	
the obliga	ations of registered agent.						ì	
SIGNATURE	· · · · · · · · · · · · · · · · · · ·							
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.					
	FILE NOW: FEE IS \$61.25			\$5.00 May Be Added to Fees	Make Check Florida Depart			
	·	Trust Fund Co	ontribution.	Added to Fees	Florida Depart	ment of S	State	
10.	OFFICERS AND D	Trust Fund Co	ntribution.	Added to Fees		ment of S	State	
	·	Trust Fund Co	11.	Added to Fees ADDITIONS/CHANGE	Florida Depart S TO OFFICERS AND DIR	ment of S	State	
10. TITLE NAME STREET ADDRESS	OFFICERS AND D PD ROBERTS, LESTER A 1002 S WALDRON AVE	Trust Fund Co	11. TITLE NAME STREET ADDRESS 17	Added to Fees ADDITIONS/CHANGES INNette Willia 13 Lake Lotek	Florida Depart S TO OFFICERS AND DIR THE S TO Drive	ment of S	State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD ROBERTS, LESTER A 1002 S WALDRON AVE AVON PARK FL 33825	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANGE innette Willia 13 Lake Lotek Von Park, FL	Florida Depart S TO OFFICERS AND DIR S TO	ment of \$ ECTORS IN Change	Addition	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, LESTER A 1002 S WALDRON AVE AVON PARK FL 33825 VD PERRIN, MARIAN	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME TITLE NAME NAME PA	Added to Fees ADDITIONS/CHANGES INNETTE WITH IS Lake Lotek VON Park, FL M. Ul Devlin	Florida Departs TO OFFICERS AND DIR THE S TO THE S TO THE S	ment of \$ ECTORS IN Change	Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ROBERTS, LESTER A 1002 S WALDRON AVE AVON PARK FL 33825 VD PERRIN, MARIAN 313 DOVE STREET SEBRING FL 33872	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME TITLE NAME NAME PA	Added to Fees ADDITIONS/CHANGES INNETTE WITH I3 Lake Lotek VON Park, FL M. Ul Devlin	Florida Departs TO OFFICERS AND DIR THE S TO THE S TO THE S	ment of \$ ECTORS IN Change Change	Addition Addition	
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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: