

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

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

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

0043150

DOCUMENT # N01000005744
1. Entity Name
AVON PARK HOUSING DEVELOPMENT CORPORATION



Principal Place of Business
**101 E KENNEDY BLVD STE 3200
TAMPA FL 33601**

Mailing Address
**101 E KENNEDY BLVD STE 3200
TAMPA FL 33601**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1117651**
Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$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
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, LESTER A	
STREET ADDRESS	1002 S WALDRON AVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERRIN, MARIAN	
STREET ADDRESS	313 DOVE STREET	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OLDHAM, ALICE	
STREET ADDRESS	406 TULANE DRIVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANCO, CHRISTINA	
STREET ADDRESS	312 S LOTELA AVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, EARLINE	
STREET ADDRESS	825 W MAIN ST	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, RAY	
STREET ADDRESS	36 DELANEY HEIGHTS	
CITY-ST-ZIP	AVON PARK FL 33825	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Minnette Williams	
STREET ADDRESS	1713 Lake Lotela Drive	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Devlin	
STREET ADDRESS	315 Tulane Circle	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE RECORDS** *04/28/03* **863-452-4432**

CR2E037 (10/02)