


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N15853 (7) 1. Corporation Name MERRITT ISLAND RHF HOUSING, INC.					
Principal Place of Business 1100 S. COURTENAY PARKWAY MERRITT ISLAND FL 32852-3804			Mailing Address 5150 E PACIFIC CST HWY STE 600 LONG BEACH CA 90804-3312 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/14/1986 3a. Date of Last Report 05/14/1996 4. FEI Number 59-2721378 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES ST., STE. 105 TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent 81 Name NRAI Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue 83 84 City Tallahassee 85 Zip Code FL 32301		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <u>SEE ATTACHED CHANGE OF AGENT FORM</u> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE		VTD		<input type="checkbox"/> DELETE	
NAME		MARGETIC, STEPHEN J.			
STREET ADDRESS		5150 E. PACIFIC COAST HWY, STE. 600			
CITY - ST - ZIP		LONG BCH CA			
TITLE		D		<input type="checkbox"/> DELETE	
NAME		MOORE, JEAN			
STREET ADDRESS		5150 E PACIFIC CST HWY STE 600			
CITY - ST - ZIP		LONG BEACH CA			
TITLE		D		<input type="checkbox"/> DELETE	
NAME		TRNKA, JOHN E.			
STREET ADDRESS		5150 E. PACIFIC COAST HWY., STE. 600			
CITY - ST - ZIP		LONG BCH CA			
TITLE		SD		<input type="checkbox"/> DELETE	
NAME		LISTOE, LINDA			
STREET ADDRESS		5150 E. PACIFIC COAST HWY., STE. 600			
CITY - ST - ZIP		LONG BCH CA			
TITLE		PD		<input type="checkbox"/> DELETE	
NAME		JOSEPH, LAVERNE R.			
STREET ADDRESS		5150 E. PACIFIC COAST HWY., STE. 600			
CITY - ST - ZIP		LONG BCH CA			
TITLE		D		<input type="checkbox"/> DELETE	
NAME		CHAPMAN, REX			
STREET ADDRESS		5150 E. PACIFIC COAST HWY., SE 600			
CITY - ST - ZIP		LONG BEACH CA			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <u>Linda Listoe</u> REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 562/597-5541 0076369					

CR2037 (9/96)