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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15853

1. Corporation Name
MERRITT ISLAND RHF HOUSING, INC.

Principal Place of Business
1100 S. COURTENAY PARKWAY
MERRITT ISLAND FL 32952-3804

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 Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/14/1986 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	
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9. Name and Address of Current Registered Agent NRAI SERVICES INC 526 EAST PARK AVE TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARGETIC, STEPHEN J. 5150 E. PACIFIC COAST HWY, STE. 600 LONG BCH CA <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Long Beach, CA 90804-3312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JEAN 5150 E PACIFIC CST HWY STE 600 LONG BEACH CA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Long Beach, CA 90804-3312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRNKA, JOHN E. 5150 E. PACIFIC COAST HWY., STE. 600 LONG BCH CA <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Long Beach, CA 90804-3312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LISTOE, LINDA 5150 E. PACIFIC COAST HWY., STE. 600 LONG BCH CA <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Long Beach, CA 90804-3312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH, LAVERNE R. 5150 E. PACIFIC COAST HWY., STE. 600 LONG BCH CA <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Long Beach, CA 90804-3312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, REX 5150 E. PACIFIC COAST HWY., SE 600 LONG BEACH CA <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Donald W. King 5150 E. Pacific Coast Hwy., Ste.600 Long Beach, CA 90804-3312

14. 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 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, with all other like empowered.

SIGNATURE: Linda Listoe **SIGNATURE REQUIRED** Linda Listoe, Secretary 4/22/99 (562) 597-5541

CR2E037 (11/98)