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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N31825

1. Corporation Name

~~HOUSING AND NEIGHBORHOOD DEVELOPMENT SERVICES OF CENTRAL FLORIDA, INC.~~

Principal Place of Business

2211 EAST HILLCREST ST.
 ORLANDO FL 32803
 US

Mailing Address

2211 EAST HILLCREST ST.
 ORLANDO FL 32803
 US



* 9 92745 - 90026 - 3

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/20/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2951883	
City & State		City & State		5. Certificate of Status Desired	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LATHAM, PETER G. 390 N ORANGE AVE SUITE 600, BARNETT BANK CENTER ORLANDO FL 32801				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	DIRECTOR
NAME	GONZALEZ, ERNESTO	1.2 NAME	
STREET ADDRESS	108 WYMORE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	SPELLING ONLY
NAME	SABERI, M	2.2 NAME	SABETI, M
STREET ADDRESS	4063 N GLDENROD RD, 208	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PK FL 32732	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	DIRECTOR
NAME	CHARLES, MEROY	3.2 NAME	
STREET ADDRESS	724 W BENTLEY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	SPELLING ONLY - TITLE ONLY
NAME	FEI, R	4.2 NAME	FEI, R
STREET ADDRESS	390 N ORANGE AVE, 700	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	PRESIDENT
NAME	DYE, RICHARD A.	5.2 NAME	
STREET ADDRESS	2277 LEE RD., SUITE 200 EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	FRANCIS, E	6.2 NAME	
STREET ADDRESS	255 S ORANGE AVE, 1590	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	6.4 CITY-ST-ZIP	

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: ~~SIGNATURE REQUIRED~~ 1/5/98 407-896-0805
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)