2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 AM
Secretary of State

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Entity Name: KISSIMMEE OAKS HOUSING I, INC.

Current Principal Place of Business:

2350 N. CENTRAL AVE
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

2350 N. CENTRAL AVE
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3228411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOUGLAND, BEVERLY
1099 SHADY LANE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CARR, MICHAEL
Address: 911 N MAIN STREET
City-St-Zip: KISSIMMEE, FL 34743

Title: DV ( ) Delete
Name: SCARBOROUGH, PATRICIA
Address: 1375 SAWDUST TRAIL
City-St-Zip: KISSIMMEE, FL 34744

Title: DT ( ) Delete
Name: KOSHNICK, NEIL
Address: 3421 DOUGLAS CT
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete
Name: DAVITT, MARIANNE
Address: 700 W OAK STREET
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CARR, MICHAEL
Address: 911 N MAIN STREET
City-St-Zip: KISSIMMEE, FL 34743

Title: DP (X) Change ( ) Addition
Name: SCARBOROUGH, PATRICIA
Address: 1375 SAWDUST TRAIL
City-St-Zip: KISSIMMEE, FL 34744

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: DAVITT, MARIANNE
Address: 700 W OAK STREET
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA SCARBOROUGH DP 05/02/2002

Electronic Signature of Signing Officer or Director — Date