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Jul 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004340 (4)**  
1. Corporation Name  
**AFFORDABLE HOUSING VENTURES, INC.**



Principal Place of Business <b>1006 GROVE STREET CLEARWATER FL 34617</b>	Mailing Address <b>1006 GROVE STREET CLEARWATER FL 34615-4529</b>
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3. Date incorporated or Qualified <b>09/12/1995</b>	3a. Date of Last Report <b>06/12/1996</b>
4. FEI Number <b>59-3333830</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>37837 Meridian Avenue</b>	2a. Mailing Address 26 <b>37837 Meridian Avenue</b>
Suite, Apt. #, etc. 22 <b>Suite 311</b>	Suite, Apt. #, etc. 27 <b>Suite 311</b>
City & State 23 <b>Dade City FL</b>	City & State 28 <b>Dade City FL</b>
Zip 24 <b>33525</b>	Country 25 <b>U.S.A.</b>
Zip 29 <b>33525</b>	Country 30 <b>U.S.A.</b>

9. Name and Address of Current Registered Agent  
**BORTON, PAMELA K  
1006 GROVE STREET  
CLEARWATER FL 34617**

10. Name and Address of New Registered Agent

81 Name <b>THOMAS C. LITTLE, ESQUIRE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2123 N.E. COACHMAN ROAD, SUITE A</b>
83
84 City <b>CLEARWATER</b>
85 Zip Code <b>FL 33575</b>

11. Pursuant to the provisions of Sections 617.0503 and 617.0508 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 *Thomas C. Little* **THOMAS C. LITTLE** **2-28-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relistening) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BORTON, PAMELA K</b>		1.2 NAME <b>STEVE WARD</b>	
STREET ADDRESS <b>1006 GROVE STREET</b>		1.3 STREET ADDRESS <b>13107 LEISUREWOOD PLACE APT C</b>	
CITY-ST-ZIP <b>CLEARWATER FL 34617</b>		1.4 CITY-ST-ZIP <b>TAMPA, FL 33612</b>	
TITLE <b>DVS</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VICE-PRESIDENT - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SMITH, THOMAS E</b>		2.2 NAME <b>STEVE SMITH</b>	
STREET ADDRESS <b>13924 SEVENTH ST.</b>		2.3 STREET ADDRESS <b>37540 MARTIN LUTHER KING BLVD., APT C</b>	
CITY-ST-ZIP <b>DADE CITY FL 33525</b>		2.4 CITY-ST-ZIP <b>DADE CITY, FL 33525</b>	
TITLE <b>DT</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>TREASURER - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROBERTS, KEVIN T</b>		3.2 NAME <b>RAYMOND EARL STURWOLD</b>	
STREET ADDRESS <b>13924 SEVENTH ST.</b>		3.3 STREET ADDRESS <b>13902 21ST STREET</b>	
CITY-ST-ZIP <b>DADE CITY FL 33525</b>		3.4 CITY-ST-ZIP <b>DADE CITY, FL 33525</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>SECRETARY - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>LINDA DILLON</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>36815 PERRY COURT</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>DADE CITY, FL 33525</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Thomas C. Little* **THOMAS C. LITTLE** **7/22/97**

CR2E037 (9/96)