

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 JAN 26 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # N95000004340 (4)**

1. Corporation Name

**AFFORDABLE HOUSING VENTURES, INC.**

Principal Place of Business

Mailing Address

37837 MERIDIAN AVE  
SUITE 311  
DADE CITY FL 33525  
US

37837 MERIDIAN AVE  
SUITE 311  
DADE CITY FL 33525  
US

3. Date Incorporated or Qualified

09/12/1995

4. FEI Number

59-3333830

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

6. Election Campaign Financing



**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?



Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LITTLE, THOMAS C. E  
2123 NE COACHMAN RD  
SUITE A  
CLEARWATER FL 33575

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 PD  
NAME WARD, STEVE  
STREET ADDRESS 13107 LEISUREWOOD PLACE APT C  
CITY-ST-ZIP TAMPA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  
NAME SMITH, STEVE  
STREET ADDRESS 37540 MARTIN LUTHER KING BLVD., APT C  
CITY-ST-ZIP DADE CITY FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

900002412469  
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\*\*\*\*\*70.00 \*\*\*\*\*70.00

TITLE TD  
NAME STURWOLD, RAYMOND EARL  
STREET ADDRESS 13902 21ST ST  
CITY-ST-ZIP DADE CITY FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  
NAME DILLON, LINDA  
STREET ADDRESS 36815 PERRY COURT  
CITY-ST-ZIP DADE CITY FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME PENIX, MORRIS  
STREET ADDRESS 13834 WILSON STREET  
CITY-ST-ZIP DADE CITY FL 33525

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

1/23/98

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.

SIGNATURE: *[Signature]*

1/23/98

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