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**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90040 009 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000004340**

1. Corporation Name  
**AFFORDABLE HOUSING VENTURES, INC.**

Principal Place of Business 37837 MERIDIAN AVE SUITE 311 DADE CITY FL 33525 US	Mailing Address 37837 MERIDIAN AVE SUITE 311 DADE CITY FL 33525 US
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2. Principal Place of Business 21 <b>13839 U.S. 98 BYPASS</b>	2a. Mailing Address 26 <b>13839 U.S. 98 BYPASS</b>	3. Date Incorporated or Qualified <b>09/12/1995</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <b>59-3333830</b>
23 City & State <b>DADE CITY, FL</b>	28 City & State <b>DADE CITY, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>33525</b> Country <b>USA</b>	29 Zip <b>33525</b> Country <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WARD, STEVE	
STREET ADDRESS	13107 LEISUREWOOD PLACE APT C	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, STEVE	
STREET ADDRESS	37540 MARTIN LUTHER KING BLVD., APT C	
CITY-ST-ZIP	DADE CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STURWOLD, RAYMOND EARL	CHANGE TITLE
STREET ADDRESS	13902 21ST ST	
CITY-ST-ZIP	DADE CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DILLON, LINDA	
STREET ADDRESS	36815 PERRY COURT	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PENIX, MORRIS	
STREET ADDRESS	13834 WILSON STREET	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PETERSON, KYLE	
1.3 STREET ADDRESS	35653 BOZEMAN ROAD	
1.4 CITY-ST-ZIP	DADE CITY, FL 33523	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STURWOLD, EARL	
2.3 STREET ADDRESS	13902 21ST STREET	
2.4 CITY-ST-ZIP	DADE CITY FL 33525	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MORRILL, PENELPE	
3.3 STREET ADDRESS	37314 MERIDIAN AVE	
3.4 CITY-ST-ZIP	DADE CITY, FL 33525	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SIMONE, FREDERICK SCOTT	
6.3 STREET ADDRESS	1434 47TH AVE NORTH	
6.4 CITY-ST-ZIP	ST PETERSBURG, FL 33716	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-99 352 567 2933  
 Date Daytime Phone #

CR2E037 (11/98)