2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2010
Secretary of State

DOCUMENT# N98000003243

Entity Name: COALITION OF AFFORDABLE HOUSING PROVIDERS, INC.

Current Principal Place of Business:

335 BEARD ST
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14629
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3518972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKROB, ROBERT
335 BEARD ST
TALLAHASSEE, FL 32303 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: C
Name: BOGGIO, LLOYD
Address: 2950 SW 27 AVE., STE. 200
City-St-Zip: MIAMI, FL 33133

Title: VC
Name: DEUTCH, DAVID O
Address: 9400 S. DADELAND BLVD, STE 100
City-St-Zip: MIAMI, FL 33156

Title: T
Name: THOMAS, CHRIS
Address: 100 CONGRESS AVE., STE 480
City-St-Zip: AUSTIN, TX 78701

Title: S
Name: CONGER, HEATHER
Address: 390 NORTH ORANGE AVE., STE. 1100
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: FEINBERG, HELEN
Address: 100 2ND AVE., S STE. 800
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D
Name: CULP, SCOTT
Address: 329 N. PARK AVE., STE 300
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: LLOYD BOGGIO C 03/10/2010

Electronic Signature of Signing Officer or Director Date