

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002466	
1. Entity Name DEERFIELD BEACH AFFORDABLE HOUSING CORPORATION	

Principal Place of Business 533 S DIXIE HWY DEERFIELD BEACH, FL	Mailing Address 533 S DIXIE HWY DEERFIELD BEACH, FL
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
DAVIS, PAMELA 533 S DIXIE HWY DEERFIELD BEACH, FL	

01212004 No Chg-NP CR2E037 (10/03)	
4. FEI Number 31-1722913	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)

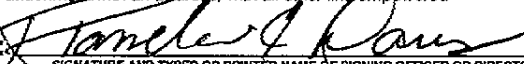
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EMERY, KEITH 10 FAIRWAY DR #301 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINKELSTEIN, JAY 425 NW 1ST TERR #422 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAMM, ART 1570 SE 8TH ST DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC GALLO, WILLIAM 1311 NEWPORT CTR, DRIVE W DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGINN, SANDRA 1104 SE 10TH TERR DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/04/04-80047-009 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 	01-30-04 954-425-8449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #