

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90141 006 \*\*\*\*70.00

0011872

**DOCUMENT # N95000004340**

1. Entity Name

**AFFORDABLE HOUSING VENTURES, INC.**



Principal Place of Business

**13839 US 98 BYPASS  
DADE CITY FL 33525  
US**

Mailing Address

**13839 US 98 BYPASS  
DADE CITY FL 33525  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3333830**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **PETERSON, KYLE**  
STREET ADDRESS **35653 BOZEMAN RD**  
CITY-ST-ZIP **DADE CITY FL 33523**

TITLE **D** ☐ Change ☒ Addition  
NAME **CAMACHO, GEORGINA**  
STREET ADDRESS **39017 SOUTH AVENUE**  
CITY-ST-ZIP **ZEPHYRHILLS, FL 33540**

TITLE **TD** ☐ Delete  
NAME **MORRILL, PENELOPE**  
STREET ADDRESS **37314 MERIDIAN AVE**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ Change ☒ Addition  
NAME **RUSS, KENNETH**  
STREET ADDRESS **14426 1st STREET**  
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE **VPD** ☐ Delete  
NAME **STURWOLD, RAYMOND EARL**  
STREET ADDRESS **37407 MOORE DRIVE**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **DILLON, LUNDA**  
STREET ADDRESS **36815 PERRY COURT**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CUMBEE, RALPH**  
STREET ADDRESS **37535 LAYTON ROAD**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SCOTT, SIMONE F**  
STREET ADDRESS **1434 -47TH AVE N.**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

**SIGNATURE REQUIRED**

**STEPHEN P. SMITH**

**08/01/03**

**352-567-2933**

CR2E037 (4/03)