

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 743735

1. Entity Name
MONROE COUNTY HOUSING CORPORATION, INC.



Principal Place of Business
1400 KENNEDY DRIVE
KEY WEST, FL 33040

Mailing Address
1400 KENNEDY DRIVE
KEY WEST, FL 33040

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2380092

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, J M SR
1400 KENNEDY DRIVE
KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PARKER, NORMAN
81191 STATE RD. 905
ISLAMORADA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WARDLOW, DENNIS J
1013 17TH TERR
KEY WEST, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HERNANDEZ, FRANKLIN D
2800 PATTERSON AVE
KEY WEST, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BETHEL, HARRY L
1314 FLAGLER AVE
KEY WEST, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000955948
07/22/08-80011-009 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/08

Date

305-296-5621

Daytime Phone #