

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 28 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **749620** (1)  
1. Corporation Name  
**FORT PIERCE HOUSING DEVELOPMENT CORPORATION**

Principal Place of Business Mailing Address  
**707 N. 7TH ST.  
FORT PIERCE FL 34950-3131** **707 N. 7TH ST.  
FORT PIERCE FL 34950-3131**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified  
**11/01/1979**  
4. FEI Number **59-0899100** Applied For Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**DUSANEK, LINDA S  
707 NORTH 7TH STREET  
FT PIERCE FL 34950**  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 *Linda S. Dusanek* DATE **1/6/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASCIOLI, I. A.	1.2 NAME	Becht, Edward W.
STREET ADDRESS	1209 DELAWARE AVE	1.3 STREET ADDRESS	321 South 2nd Street
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	Fort Pierce, FL 34950
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, WILLIAM	2.2 NAME	Shelton, William
STREET ADDRESS	3600 AVENUE J	2.3 STREET ADDRESS	3600 Avenue J
CITY-ST-ZIP	FORT PIERCE FL	2.4 CITY-ST-ZIP	Fort Pierce, FL 34947
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNER, HOWARD H	3.2 NAME	Brenner, William
STREET ADDRESS	1630 SEAWAY DR, UNIT 307	3.3 STREET ADDRESS	1600 Seaway Drive Unit # 307
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	Fort Pierce, FL 34949
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOND, ANITA	4.2 NAME	Hall, Marlowe
STREET ADDRESS	1303 NORTH 31ST STREET	4.3 STREET ADDRESS	107 Tropic Court
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	Fort Pierce, FL 34946
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GEORGE L III	5.2 NAME	Williams, George
STREET ADDRESS	606 BOSTON AVENUE	5.3 STREET ADDRESS	606 Boston Avenue
CITY-ST-ZIP	FT. PIERCE FL 34950	5.4 CITY-ST-ZIP	Fort Pierce, FL 34950
TITLE	A	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSANEK, LINDA S	6.2 NAME	Dusanek, Linda S.
STREET ADDRESS	4103 SMOKEY PINES CT.	6.3 STREET ADDRESS	4103 Smokey Pines Ct.
CITY-ST-ZIP	FORT PIERCE FL 34951	6.4 CITY-ST-ZIP	Fort Pierce, FL 34951

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

SIGNATURE: *Linda S. Dusanek*

CR2E037 (10/97)