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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757707 (5)

1. Corporation Name
EAST HILLSBOROUGH HOUSING DEVELOPMENT, INCORPORATED



Principal Place of Business PO BOX 492228 LEESBURG FL 34749-2228	Mailing Address PO BOX 492228 LEESBURG FL 34749-2228
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3. Date Incorporated or Qualified 04/23/1981	3a. Date of Last Report 02/08/1996
4. FEI Number 59-2520097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent MAGALSKI, BARBARA 1316 SUMTER STREET LEESBURG FL 34748	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
85. Zip Code	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME LEWIS, GILBERT	1.1 TITLE P, S.	1.2 NAME LEWIS, GILBERT
STREET ADDRESS 1316 SUMTER STR	CITY - ST - ZIP LEESBURG FL	1.3 STREET ADDRESS 1316 SUMTER STREET	1.4 CITY - ST - ZIP LEESBURG, FLORIDA 34748
TITLE V	NAME MENDOZA, ISABEL	2.1 TITLE VP	2.2 NAME GOGAN, BEATRICE
STREET ADDRESS #30 WESTSIDE DR.	CITY - ST - ZIP PLANT CITY FL	2.3 STREET ADDRESS 81 WESTSIDE DRIVE	2.4 CITY - ST - ZIP PLANT CITY, FLORIDA 33566
TITLE PDS	NAME COSTELLO, ESTER	3.1 TITLE T	3.2 NAME GARZA, FRANCIS
STREET ADDRESS 77 WESTSIDE DR	CITY - ST - ZIP PLANT CITY FL	3.3 STREET ADDRESS 3626 PETTIE ROAD APT. B	3.4 CITY - ST - ZIP DOVER, FLORIDA 33527
TITLE D	NAME LOZANO, HOMERO	4.1 TITLE D	4.2 NAME MOLINA, MARIA
STREET ADDRESS #10 WESTSIDE DR.	CITY - ST - ZIP PLANT CITY FL	4.3 STREET ADDRESS 19 WESTSIDE DRIVE	4.4 CITY - ST - ZIP PLANT CITY, FLORIDA 33566
TITLE D	NAME TAPIA, JAIME	5.1 TITLE D	5.2 NAME PENA, ALICIA
STREET ADDRESS #46 WESTSIDE DR.	CITY - ST - ZIP PLANT CITY FL	5.3 STREET ADDRESS 10 WESTSIDE DRIVE	5.4 CITY - ST - ZIP PLANT CITY, FLORIDA 33566
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	6.2 NAME
STREET ADDRESS	CITY - ST - ZIP	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do 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: _____ DATE: **3/21/97** TIME: **(352) 289-2700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)