

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 09 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>PO BOX 432228 LEESBURG FL 34749-2228</b>	Mailing Address <b>PO BOX 432228 LEESBURG FL 34749-2228</b>
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3. Date Incorporated or Qualified <b>04/23/1981</b>	
4. FEI Number <b>59-2520097</b>	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business <b>611 12th STREET</b>	2a. Mailing Address <b>611 12th STREET</b>		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. City & State <b>LEESBURG FLORIDA</b>	28. City & State		
24. Zip <b>34748</b>	25. Country <b>USA</b>	29. Zip	30. Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 <b>MAGALSKI, BARBARA</b>	
82. Street Address (P.O. Box Number is Not Acceptable) <b>611 12th STREET</b>	
83.	
84. City <b>LEESBURG</b>	85. Zip Code <b>FL 34748</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PS LEWIS, GILBERT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>1316 SUMTER STR</b>	
STREET ADDRESS	<b>LEESBURG FL</b>	
CITY-ST-ZIP		
TITLE	<b>VP GOGAN, BEATRICE</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>81 WESTSIDE DR</b>	
STREET ADDRESS	<b>PLANT CITY FL</b>	
CITY-ST-ZIP		
TITLE	<b>T GARZA, FRANCIS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>3626 PETTIE RD, APT B</b>	
STREET ADDRESS	<b>DOVER FL</b>	
CITY-ST-ZIP		
TITLE	<b>D MOLINA, MARIA</b>	<input type="checkbox"/> DELETE
NAME	<b>19 WESTSIDE DR</b>	
STREET ADDRESS	<b>PLANT CITY FL</b>	
CITY-ST-ZIP		
TITLE	<b>D PENA, ALICIA</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>10 WESTSIDE DR</b>	
STREET ADDRESS	<b>PLANT CITY FL</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>NORIEGA, SHANTOS</b>	
1.3 STREET ADDRESS	<b>5608 DOWNING STREET</b>	
1.4 CITY-ST-ZIP	<b>DOVER, FLORIDA 33527</b>	
2.1 TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ERANCO, MELISSA A.</b>	
2.3 STREET ADDRESS	<b>43 WESTSIDE DRIVE</b>	
2.4 CITY-ST-ZIP	<b>PLANT CITY, FLORIDA 33566</b>	
3.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>GARZA, FRANCIS</b>	
3.3 STREET ADDRESS	<b>3626 PETTIE RD. APT B</b>	
3.4 CITY-ST-ZIP	<b>DOVER, FLORIDA 33527</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ROSALES, MARIA</b>	
5.3 STREET ADDRESS	<b>38 WESTSIDE DRIVE</b>	
5.4 CITY-ST-ZIP	<b>PLANT CITY, FLORIDA 33566</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: \_\_\_\_\_ 1-15-98 (752) 287-2700

CR2E037 (10/97)