

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763649

FILED
Jul 19, 2006
Secretary of State

Entity Name: HOUSING FOR THE HANDICAPPED OF ALACHUA COUNTY, INCORPORATED

Current Principal Place of Business:

3303 NW 83 ST
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

3303 NW 83RD ST
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-2217411 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRADLEY, RICHARD
3303 NW 83 ST
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DROTOS, RON
Address: 10223 SW 49TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: VP () Delete
Name: COSTELLO, CATHY
Address: 2525 NW 19TH WAY
City-St-Zip: GAINESVILLE, FL 32605

Title: S () Delete
Name: LUTZ, DONNA
Address: 3303 NW 83RD STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: T () Delete
Name: STOCKMAN, DAVID
Address: 912 SW 126TH STREET
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: WALKER, MARK
Address: PO BOX 358290
City-St-Zip: GAINESVILLE, FL 32635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON DROTOS

P

07/19/2006

Electronic Signature of Signing Officer or Director

_____ Date