

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 766220	
1. Entity Name RHA-BORROWER CORP.	

Principal Place of Business 1501 N. BELCHER ROAD CLEARWATER FL 33765 US	Mailing Address 1501 N. BELCHER ROAD CLEARWATER FL 33765 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent
BUCKLEY, THOMAS J 1501 N. BELCHER RD. CLEARWATER FL 33765

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	SMITH, MARION P.
STREET ADDRESS	1884 OAKDALE LN NO.
CITY- ST- ZIP	CLEARWATER FL
TITLE	S ☐ Delete
NAME	BUCKLEY, THOMAS
STREET ADDRESS	6402 BROOK HOLLOW CT
CITY- ST- ZIP	TAMPA FL
TITLE	T ☐ Delete
NAME	LEWIS, MICHAEL
STREET ADDRESS	1733 PINE CRK CT
CITY- ST- ZIP	SAFETY HARBOR FL
TITLE	D ☐ Delete
NAME	GAMBLE, CHARLES
STREET ADDRESS	1722 HICKORY GATE DR S.
CITY- ST- ZIP	DUNEDIN FL
TITLE	D ☐ Delete
NAME	JAMIESON, HARRY
STREET ADDRESS	301 JASMINE WAY
CITY- ST- ZIP	CLEARWATER FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Thomas J. Buckley 1-20-2006 (727) 799-3330