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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766455

1. Corporation Name

FLORIDA COMMUNITY HOUSING ASSOCIATION, INC.

Principal Place of Business

1221 TURNER STREET
SUITE 106
CLEARWATER FL 34616

Mailing Address

1221 TURNER STREET
SUITE 106
CLEARWATER FL 34616



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

01/07/1983

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-2396059

Applied For
Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

Zip Country

24

25

Zip Country

29

30

6. Election Campaign Financing
Trust Fund Contribution

0

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACKERLEY, OLIVER
1554 S. FT. HARRISON
CLEARWATER FL 33516

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME ACKERLEY, HARRIETT
STREET ADDRESS 1216 SUNSET DR.
CITY-ST-ZIP CLEARWATER FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE PD
NAME IMPERATO PAT
STREET ADDRESS 3480 HILLMORE DR
CITY-ST-ZIP PALM HARBOR FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME MASCHING JANET
STREET ADDRESS 2201 TAMPA RD
CITY-ST-ZIP PALM HARBOR FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

FLORIDA COMMUNITY HOUSING ASSOCIATION, INC.
By *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99
Date

5727 442-8839
Daytime Phone #

CR2E037 (11/98)