

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 766455

1. Entity 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**



01202005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2396059

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	ACKERLEY, HARRIETT
STREET ADDRESS	174 ARBOR DR W
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	PD
NAME	BURR, F J
STREET ADDRESS	P O BOX 789
CITY-ST-ZIP	DUNEDIN, FL 34697
TITLE	VD
NAME	MASCHING JANET
STREET ADDRESS	174 ARBOR DR W
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000208518
02/01/05-80089-017 70.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05

Date

7274429899

Daytime Phone #