2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F93000003725

1. Entity Name

ASSOCIATED HOUSING DEVELOPMENT CORP.



FILED Mar 24, 2008 08:00 A Secretary of State

				1 S				
Principal Plac	e of Business	Mailing Address						
17383 SUNSET BLVD. STE. A450 PACIFIC PALISADES CA 90272-515 US		17383 SUNSET BLVD. STE. A450 PACIFIC PALISADES CA 90272-515 US						
2. Principal F	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc			1st MOORE	CR2E034	(10/07)	
City & State		City & State		4. }	FEI Number 51-0347188	3		pplied For of Applicable
Zip	Country	Ζ _ί ρ	Country	5. (Certificate of Status Desired		8.75 Ade	ditional
	6. Name and Address of Curre	ent Registered Agent	<u> </u>	7. M	Name and Address of New R	egistered A	jent	
B&C CORPORATE SERV. OF CENTRAL FLA., INC.				Name				
390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Cod	Je et
	named entity submits this statement ions of registered agent.	t for the purpose of changing its	l registered office or	registered ag	ent, or both, in the State of Flo		.l miliar with,	, and accept
SIGNATURE.								
	Rignature, typed or printed liamshot registered ap-		F. Registered Agent alignatu	un rednuss when re	mentaturg)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					9. Election Campa Trust Fund Con		3 \$5. □ Add	.00 May Be ed to Fees
10.	OFFICERS AN	ND DIRECTORS	11.	AD	DITIONS/CHANGES TO OFF	ICERS AND [SIRECTOR	S IN 11
TITLE	VD	☐ Derete	ππε			•	Change	Addition
NAME	CASTO, R H III		NAME				_	_
STREET ADDRESS	2819 SEAHORN DRIVE		STREET ADDRESS		Hannane	ecopo		
CITY-ST-ZIP	MALIBU CA 90265		CITY-ST-ZIP		0000003: 99-90/4/08		o" 150	20
TITLE	VSTD	☐ De'ete	TITLE	***************************************		<u> </u>	Change	Addition
NAME	WOJCIECHOWSKI, MICHAEL		NAME					
STREET ADDRESS	327 SWARTHMORE AVE		STREET ADDRESS					
CITY-ST-ZIP	PACIFIC PALISADES CA		CHY-SI-ZIP					
TITLE	P	☐ Derete	TITLE				Change	Addition
NAME	MCENULTY, FRANK E		NAME	_				
	17383 SUNSET BLVD, SUITE A-	-230	STREET ADDRESS		••			
CITY-ST-ZIP	PACIFIC PALISADES CA		CITY-ST-ZIP					
TITLE		☐ De [;] ete	TITLE			1	Change	☐ Addition
MAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Derete	TITLE				Change	☐ Addition
NAME OTOSET ADDRESS			NAME					
STREET ADDRESS CITY+ST ZIP			STREET ADDRESS CITY-ST-ZIP					
			-					
TITLE		☐ Derete	TITLE			I	Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY - ST-ZIP					
Section Division			0111-011-40					

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. 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.

SIGNAL URE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/08 310-230-2300 Daying Phone: