

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 30 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006530 (9)

1. Corporation Name

Sunset Housing, Inc.

Principal Place of Business

c/o National Foundation for
Affordable Housing Solutions
11200 Rockville Pike
Rockville, MD 20852

Mailing Address

c/o National Foundation for
Affordable Housing Solutions
11200 Rockville Pike
Rockville, MD 20852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1994

3a. Date of Last Report

4. FEI Number

52-1906601

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays St.
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC
NAME Coelho, Tony
STREET ADDRESS 11200 Rockville Pike
CITY-ST-ZIP Rockville, MD 20852

1.1 TITLE ☐ Change ☐ Addition

TITLE V
NAME Trick, Nancy J
STREET ADDRESS 11200 Rockville Pike
CITY-ST-ZIP Rockville, MD 20852

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE S
NAME Stark, Paula
STREET ADDRESS 11200 Rockville Pike
CITY-ST-ZIP Rockville, MD 20852

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE T D
NAME Berman, Jason
STREET ADDRESS 11200 Rockville Pike
CITY-ST-ZIP Rockville, MD 20852

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D
NAME Ashley, Thomas
STREET ADDRESS 11200 Rockville Pike
CITY-ST-ZIP Rockville, MD 20852

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy J. Trick, V.P. 2/16/95 (301) 468-3100

13a

13b

CH