SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K57916** **(4)**

1. Corporation Name

SENIOR CITIZENS HOUSING DEVELOPMENT COMPANY

Principal Place of Business

% ROBERT R. FRANK
1666 KENNEDY CAUSEWAY 705 CAPITAL BANK
NORTH BAY VILLAGE FL 33141

Mailing Address

% ROBERT R. FRANK
1666 KENNEDY CAUSEWAY 705 CAPITAL BANK
NORTH BAY VILLAGE FL 33141

3. Date Incorporated or Qualified: 01/12/1989
3a. Date of Last Report: 06/26/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0107041 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

FRANK, ROBERT R.
1666 KENNEDY CAUSEWAY
705 CAPITAL BANK BLDG.
NORTH BAY VILLAGE FL 33141

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LAYDEN, HUGH D	
STREET ADDRESS	9518 DUFFER WYA	
CITY-ST-ZIP	GAITHERBURG MD	
TITLE	STD	☐ DELETE
NAME	REAVILL, MARY	
STREET ADDRESS	1001 N. REED ST.	
CITY-ST-ZIP	VILLE, PLATTE, LA.	
TITLE	VD	☐ DELETE
NAME	GLOVER, EUGENE D.	
STREET ADDRESS	13704 MIDDLEVALE LANE	
CITY-ST-ZIP	SILVER SPGS. MD	
TITLE	D	☐ DELETE
NAME	FLYNN, JOHN J.	
STREET ADDRESS	112 SKUNKNET RD.	
CITY-ST-ZIP	CENTERVILLE MA	
TITLE	D	☐ DELETE
NAME	MORALES, DIONICIO	
STREET ADDRESS	401 NORTH GARFIELD AVE	
CITY-ST-ZIP	MONTEBELLO CA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	9309-Q Willow Creek Drive	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary C. Reavill — Mary Reavill — 6/12/96 — 318/363-5992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0150656 FP