

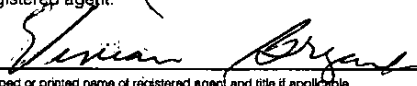
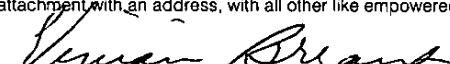


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90184 034 \*\*\*\*61.25

<b>DOCUMENT # N00707</b> 1. Entity Name <b>ORLANDO HOUSING AUTHORITY PROPERTIES, INC.</b>					
Principal Place of Business <b>C/O VIVIAN BRYANT 300 REEVES COURT ORLANDO, FL 32801</b>				Mailing Address <b>C/O VIVIAN BRYANT 300 REEVES COURT ORLANDO, FL 32801</b>	
2. Principal Place of Business <b>24 FANFAIR AVENUE</b>		3. Mailing Address <b>24 FANFAIR AVENUE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ORLANDO, FLORIDA</b>		City & State <b>ORLANDO, FLORIDA</b>			
Zip <b>32811</b>		Country <b>ORANGE</b>		4. FEI Number <b>59-2397299</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BRYANT, VIVIAN <del>300 REEVES COURT ORLANDO, FL 32801</del>  24 FANFAIR AVENUE ORLANDO, FL 32811</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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  <span style="float: right;"><b>APRIL 8, 2005</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>STALLWORTH, DORIS L</b> <b>4627 EDMOND ST.</b> <b>ORLANDO, FL</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <input type="checkbox"/> Delete <b>BROOKS, VICKI J</b> <b>445 W. AMELIA STREET</b> <b>ORLANDO, FL 32835</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BEITHSCH, OWEN</b> <b>518 S. MAGNOLIA AVE.</b> <b>ORLANDO, FL 32801</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HOSTETTER, SANDRA</b> <b>450 SOUTH ORANGE AVENUE</b> <b>ORLANDO, FL 328013336</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>WEBB, JOHN</b> <b>1420 E. ROBINSON ST.</b> <b>ORLANDO, FL 32801</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <input type="checkbox"/> Delete <b>ALBARRAN, RAMIRO</b> <b>750 SOUTH ORLANDO AVENUE</b> <b>ORLANDO, FL 32789</b>				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CHAIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ED CARSON</b> <b>3465 DOMI-FITZ COURT</b> <b>ORLANDO, FL 32805</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b>  <span style="float: right;"><b>APRIL 8, 2005 (407) 299-9823</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					