
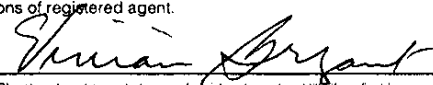
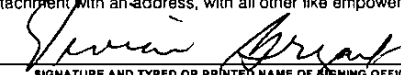


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90082 023 \*\*\*\*61.25

|   |                                 |  |   |   |  |
|---|---------------------------------|--|---|---|--|
| <b>DOCUMENT # N00707</b><br>1. Entity Name<br><b>ORLANDO HOUSING AUTHORITY PROPERTIES, INC.</b>   |                                 |  |   |    |  |
| Principal Place of Business<br><b>24 FANFAIR AVENUE<br/>ORLANDO, FL 32811</b>   |                                 |  |   | Mailing Address<br><b>24 FANFAIR AVENUE<br/>ORLANDO, FL 32811</b>   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>390 N. BUMBY AVENUE</b><br>Suite, Apt. #, etc.   |                                 | 3. Mailing Address<br><b>390 N. BUMBY AVENUE</b><br>Suite, Apt. #, etc.  |   |   |  |
| City & State<br><b>ORLANDO, FL</b>  |                                 | City & State<br><b>ORLANDO, FL</b>   |   | 4. FEI Number<br><b>59-2397299</b>  |  |
| Zip<br><b>32803</b>   |                                 | Country<br><b>USA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BRYANT, VIVIAN</b><br><del>XXXXXXXXXXXXXXXXXXXX</del><br><del>XXXXXXXXXXXXXXXXXXXX</del><br><del>XXXXXXXXXXXXXXXXXXXX</del><br><b>390 N. BUMBY AVENUE</b><br><b>ORLANDO, FL 32803</b>   |                                 |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE <br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>EXECUTIVE DIRECTOR</b> </div> <div style="width: 30%; text-align: right;"> <b>MARCH 15, 2007</b><br/> <small>DATE</small> </div> </div> |                                 |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>   |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>C<br>NAME<br>CARSON, ED<br>STREET ADDRESS<br>3465 DOM-FITZ COURT<br>CITY-ST-ZIP<br>ORLANDO, FL 32805   | <input type="checkbox"/> Delete |  | TITLE<br>COMMISSIONER<br>NAME<br>ROMAN, MATILDA<br>STREET ADDRESS<br>301 N. HILLSIDE AVE., APT.#101<br>CITY-ST-ZIP<br>ORLANDO, FL 32803 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| TITLE<br>C<br>NAME<br>BROOKS, VICKI J<br>STREET ADDRESS<br>445 W. AMELIA STREET<br>CITY-ST-ZIP<br>ORLANDO, FL 32835   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>D<br>NAME<br>BEITHSCH, OWEN<br>STREET ADDRESS<br>518 S. MAGNOLIA AVE.<br>CITY-ST-ZIP<br>ORLANDO, FL 32801  | <input type="checkbox"/> Delete |  | TITLE<br>d<br>NAME<br>BEITHSCH, OWEN<br>STREET ADDRESS<br>518 S. MAGNOLIA AVE.<br>CITY-ST-ZIP<br>ORLANDO, FL 32801                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>D<br>NAME<br>HOSTETTER, SANDRA<br>STREET ADDRESS<br>450 SOUTH ORANGE AVENUE<br>CITY-ST-ZIP<br>ORLANDO, FL 328013336  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>D<br>NAME<br>WEBB, JOHN<br>STREET ADDRESS<br>1420 E. ROBINSON ST.<br>CITY-ST-ZIP<br>ORLANDO, FL 32801  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>C<br>NAME<br>HARTNETT, ROBERT<br>STREET ADDRESS<br>2121 CAMDEN RD STE B<br>CITY-ST-ZIP<br>ORLANDO, FL 32803  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 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 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> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                 |  | 3/15/07 (407) 895-3300<br><small>Date Daytime Phone #</small>   |   |  |