

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90024 023 ****70.00

DOCUMENT # N00707

1. Entity Name
ORLANDO HOUSING AUTHORITY PROPERTIES, INC.



Principal Place of Business
**390 N. BUMBY AVENUE
ORLANDO, FL 32803**

Mailing Address
**390 N. BUMBY AVENUE
ORLANDO, FL 32803**

60023228



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2397299

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYANT, VIVIAN
~~390 N. BUMBY AVENUE~~
~~ORLANDO, FL 32803~~
390 N. BUMBY AVENUE
ORLANDO, FL 32803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **CARSON, ED**
STREET ADDRESS **3465 DOM-FITZ COURT**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **C** ☒ Change ☐ Addition
NAME **CARSON, ED**
STREET ADDRESS **3465 DOMI-FITZ COURT**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **C** ☐ Delete
NAME **BROOKS, VICKI J**
STREET ADDRESS **445 W. AMELIA STREET**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BEITSCH, OWEN**
STREET ADDRESS **518 S. MAGNOLIA AVE.**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOSTETTER, SANDRA**
STREET ADDRESS **450 SOUTH ORANGE AVENUE**
CITY-ST-ZIP **ORLANDO, FL 328013336**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WEBB, JOHN**
STREET ADDRESS **1420 E. ROBINSON ST.**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☒ Change ☐ Addition
NAME **WEBB, JOHN**
STREET ADDRESS **801 N. ORANGE AVENUE, SUITE 518**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **C** ☐ Delete
NAME **HARTNETT, ROBERT**
STREET ADDRESS **2121 CAMDEN RD STE B**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Vivian Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2008

(407) 895-3300

Date

Daytime Phone #