07-21-2003 90140 007 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	AILAUM DAQUIA	33 NEPUR	10	DN)		Ì	N01000004913	3	8
DOCUMENT # N01000004913					FILED				
1. Entity Nar	STATE HOUSING CORPORA					03 JUL 29	3 AM 10: 5	3	
Delection Place	on of Business	Mailing Address		CO MITTER	{	SeCRETAR	Y OF STAL	<u>.</u>	
Principal Place of Business 1011 LONG BRANCH LANE		1011 LONG BRANCH LANE			Ì	TALLAHAS:	SEE, FLORIL	λ A	
OVIEDO FL 32765		OVIEDO FL 32765			{				
		17272				11 (11);			
2. Principal Place of Business		3. Malling Address			1 300(310) 0(4 63)	OD 11010 OD HAD 116 341 110 134.	BERN BERN BRONE HEREL Y	1868 1161 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			(pplied For]
Zip Country		Zip Co		try	5. Certificate of Status Desired		38.75 Ad	\$8.75 Additional	
6. Name and Address of Current I		Registered Agent	L		7. Name and Addi		Fee Require	x d	-
	The state of the s			Name		(f six		1
OJEDA, MARIA O 1011 LONG BRANCH LANE			Ţ	Street Address (P.O. Box Number is Not Acceptable)					1
	FL 32765		. [· 			1
				City			FL Zip Coo	e .	1
8. The above	named entity submits this statement for	r the purpose of changing its	registered	office or registe	ered agent, or both, in t	he State of Florida.	l am familiar with,	and accept	7
tue obliga	tions of registered agent.					•			1
SIGNATURE	Signature, typed or printed name of registered egent a	not life if emicable (NOTE	- Registered A	Agent signature require	ard when existing \		DATE	 -	
	- I was a series of the series	1		- Contract of the contract of	SO WITH IN SERVICE.	-			┥
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 B. Election Campaigr Trust Fund Contrib					\$5.00 May Be Added to Fees	Make C Florida D	theck Payable epartment of the contract of the	to State	-
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AN	ND DIRECTORS IN	10	<u></u>
TITLE NAME	PD Ojeda, maria	Delete	title Name	}		-	☐ Change	☐ Addition	4/03
STREET ADDRESS	1011 LONG BRANCH LANE		STREET	ADDRESS					037
CITY-ST-ZIP TITLE	OVIEDO FL 32765	☐ Delete	CITY-ST	T- ZIP			☐ Change	☐ Addition	CR2E037 (4/03)
NAME	HOWARD, JASON		NAME				C. pumilo		1
STREET ADDRESS CITY-ST-ZIP	2460 SALISBURY BLVD WINTER PARK FL 32789		STREET .	adoress T-zip					
TITLE	SD	, Delete	_TITLE .					Addition	1
name Street address	TURNER, LEE 1126 NEUSE AVENUE	•	NAME STREET	ADDRESS					}
CITY-ST-ZIP	ORLANDO FL 32804		CHY-ST	r- ZIP					
TITLE NAME		Delete .	TITLE NAME				☐ Change	Addition	}
STREET ADDRESS			STREET	Address					
CITY-ST-ZIP TITLE		Delete	CITY-ST	· ZIP		- 	☐ Change	Addition	{
NAME		23 0000	NAME				C) Orange	_ Hadden	
STREET ADDRESS CITY-ST-ZIP			STREET /	ſ					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
name Street address	·		NAME STREET A	ADDRESS					}
CITY-ST-ZIP			CITY-ST	-ZIP			· — · · · · · · · · · · · · · · · · · ·		
 I hereby of indicated of the conchanged, 	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emport or on an attachment with an address, w	this filing does not qualify for true and according and that a wered to execute this report ith all other like empowered	the exemp sysignature required	otion stated in Se e shall have the f by Chapter 617	ection 119.07(3)(i), Flor same legal effect as if 7, Florida Statutes; and	ida Statutes. I furthe made under oath; if that my name appe	er certify that the in nat I am an officer pars in Block 10 or	iformation or director Block 11 if	
SIGNAT	URE:	BITED HAME OF STOMES OFFICE	E DIRECTOR		D	814	Daytima Phone #		
					•		ALMERICAN LINES A	i i	