
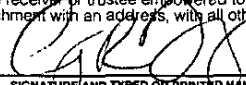


**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-28-2004 90019 039 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N02000007574</b>			
1. Entity Name <b>ARDENT HOUSING FOUNDATION, INC.</b>			
Principal Place of Business <b>7524 SW 58TH AVE SOUTH MIAMI, FL 33143</b>		Mailing Address <b>7524 SW 58TH AVE SOUTH MIAMI, FL 33143</b>	
2. Principal Place of Business <b>7524 SW 58TH AVE</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>SOUTH MIAMI, FL</b>		City & State	
Zip <b>33143</b>		Country	
4. FEI Number <b>56-2314826</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DORIS, ANTHONY R 7524 SW 58TH AVE SOUTH MIAMI, FL 33143</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP <b>D CARR, JAMES R 9350 SUNSET DR, STE 100 MIAMI, FL 33173</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D MASSIRMAN, JAY H. 777 BRICKELL AVE., SUITE 1000 MIAMI, FL 33131-2807</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D DORIS, ANTHONY R 7524 SW 58TH AVE SOUTH MIAMI, FL 33143</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D STEIN, CLIFFORD M 5345 PINE TREE DRIVE MIAMI BEACH, FL 33140</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D SCHWARTZ, MATTHEW D 13030 SW 104TH AVE. MIAMI, FL 33176</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.			
SIGNATURE: 		7/20/04 305 773-7954	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	