

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009724

FILED
Apr 30, 2008
Secretary of State

Entity Name: GRAND AVENUE ECDC HOUSING, INC.

Current Principal Place of Business:

5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 206
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

5104 NORTH ORANGE BLOSSOM TRAIL
SUITE 206
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 22-3890119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIVITO, JOSEPH A
DIVITO & HIGHAM, P.A.
4514 CENTRAL AVENUE
ST. PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLUM, HELAINE M
Address: 5104 N. ORANGE BLOSSOM TRAIL, SUITE 206
City-St-Zip: ORLANDO, FL 32810

Title: STD () Delete
Name: HUGHES, SHARON
Address: 179 RANDOM TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: VD () Delete
Name: WORRALL, JEAN
Address: 2929 ASHTON TERRACE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: BLUM, HELAINE M
Address: 5104 N. ORANGE BLOSSOM TRAIL, SUITE 206
City-St-Zip: ORLANDO, FL 32810

Title: SD (X) Change () Addition
Name: RIGELL, JANN
Address: 5226 HAMMOCK CIRCLE
City-St-Zip: ST. CLOUD, FL 34771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELAINE M BLUM

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date