## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000009859

FILED Aug 28, 2005 Secretary of State

Entity Name: THE JEFFERY A. MASSEY FLORIDA IOTA HOUSING CORPORATION

Current Principal Place of Business:		New Principal Place of Business:		
P.O. BOX WINTER P	5306 PARK, FL 32792 US			
Current Mailing Address:		New Mail	New Mailing Address:	
P.O. BOX WINTER P	5306 PARK, FL 32792 US			
FEI Number: FEI Number Applied For ( ) FEI Nu In accordance with s. 607.193(2)(b), F.S., the corporation did not receive Name and Address of Current Registered Agent:		<del>-</del>		
ivanic and	Address of Garrent Registered Agent.			
ROBINSON, SHAWN H 10600 BLOOMFIELD DRIVE 1615 ORLANDO, FL 32822 US		3032 HAR	N, SHAWN H TLAND CT D, FL 32825 US	
The above	named entity submits this statement for the purpose e of Florida.	of changing	its registered office or registered agent, or both,	
SIGNATUF	RE:		08/28/2005	
	Electronic Signature of Registered Agent		Date	
OFFICERS	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete JOHNSON, BARRETT 2016 S. FERNCREEK AVE. ORLANDO, FL 32806 US	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition JOHNSON, BARRETT 806 EMERALD LANE ORLANDO, FL 32801 US	
Title: Name: Address: City-St-Zip:	VP () Delete MARK, FRANKENFIELD 12018 GHENT COURT ORLANDO, FL 32825 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () Delete ROBINSON, SHAWN H 10600 BLOOMFIELD DRIVE APR 1615 ORLANDO, FL 32822 US	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition ROBINSON, SHAWN H 3032 HARTLAND CT ORLANDO, FL 32825 US	
Title: Name: Address: City-St-Zip:	T () Delete BILL, BARTO 1652 VICTORIA WAY WINTER GARDEN, FL 34787 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () Delete MEHLER, ROBERT 1336 ANDES DR. WINTER SPRINGS, FL 32708 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () Delete GROTT, WILLIAM 605 MASTHEAD CT. TAMPA, FL 33602 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAWN H. ROBINSON SEC 08/28/2005