

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**

DOCUMENT# N04000002788

**Nov 30, 2011
Secretary of State****Entity Name:** POLK COUNTY HOUSING, INC.**Current Principal Place of Business:**430 HARTSELL AVENUE
LAKELAND, FL 33815**New Principal Place of Business:****Current Mailing Address:**430 HARTSELL AVENUE
LAKELAND, FL 33815**New Mailing Address:**

FEI Number: 34-1986888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:SAXON, BERNICE S ESQ
201 E KENNEDY BLVD SUITE 600
TAMPA, FL 33602 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: V
Name: CALCAGNI, JOHN
Address: 430 HARTSELL AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: D
Name: OLDHAM, CARRIE
Address: 430 HARTSELL AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: D
Name: LYON, BRUCE
Address: 430 HARTSELL AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: D
Name: MCGEE, NITA
Address: 430 S HARTSELL AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: D
Name: EVANS, BERNICE
Address: 430 HARTSELL AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: D
Name: O'NEILL, BEVERLY A
Address: 430 HARTSELL AVENUE
City-St-Zip: LAKELAND, FL 33815

I hereby 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 all other like empowered.

SIGNATURE: JOHN CALGAGNI

V

11/30/2011

Electronic Signature of Signing Officer or Director

Date