


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 FEB-14-PM 2: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000009023					
1. Entity Name THA AFFORDABLE HOUSING DEVELOPMENT CORPORATION					
Principal Place of Business 1529 MAIN ST. TAMPA, FL 33607			Mailing Address 1529 MAIN ST. TAMPA, FL 33607		
2. Principal Place of Business 1529 W. MAIN ST		3. Mailing Address 1529 W. MAIN ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 81-065939	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Name and Address of Current Registered Agent GILMORE, RICARDO L ESQ. 201 E. KENNEDY BLVD., SUITE 600 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 May 1, 2005		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	PD SHIMBERG, ROBERT 1529 MAIN ST. TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1529 W. MAIN ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARVEY, HAZEL 1529 MAIN ST. TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1529 W. MAIN ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SED RYANS, JEROME 1529 MAIN ST. TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1529 W. MAIN ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, GERALD 1529 MAIN ST. TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1529 W. MAIN ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEOPLES, KAREN 1529 MAIN ST. TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1529 W. MAIN ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, SYBIL K 1529 MAIN ST. TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1529 W. MAIN ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Robert Shimberg, Pres. 2/10/05 813-221-3900			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

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RIORDAN, TONI
1529 W. MAIN STREET
TAMPA, FL 33607

D
SOROLIS, SOPHIA
1529 W. MAIN STREET
TAMPA, FL 33607



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 199608 7407027

AUTHORIZATION :

COST LIMIT : \$ 61.25

Patricia Pigute

ORDER DATE : February 11, 2005

ORDER TIME : 10:42 AM

ORDER NO. : 199608-005

CUSTOMER NO: 7407027

CUSTOMER: Ms. Charlotte Barone
Saxon Gilmore Carraway
Suite 600
201 E. Kennedy Boulevard
Tampa, FL 33602

RESUBMIT

ANNUAL REPORT FILING

NAME: THA AFFORDABLE HOUSING
DEVELOPMENT

RECEIVED
05 FEB 11 PM 12:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd-EXT#2940

EXAMINER'S INITIALS: _____