2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N04000011222

Entity Name: ST. LAWRENCE HOUSING, INC.

Current Principal Place of Business:

5225 N HIMES AVE
TAMPA, FL 336146623

New Principal Place of Business:

Current Mailing Address:

5225 N HIMES AVE
TAMPA, FL 336146623

New Mailing Address:

FEI Number: 51-0530417 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIVITO, JOSEPH A ESQ
DIVITO & HIGHAM, P.A.
4514 CENTRAL AVE
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:	HIGGINS, LAURENCE E	
Address:	5225 N HIMES AVE	
City-St-Zip:	TAMPA, FL 336146623	
Title:	TD	( ) Delete
Name:	CORSETTI, JOSEPH	
Address:	PO BOX 40200	
City-St-Zip:	ST PETERSBURG, FL 337430200	
Title:	VPD	( ) Delete
Name:	NORIEGA, FERNANDO	
Address:	3122 W LEROY STREET	
City-St-Zip:	TAMPA, FL 33607	
Title:	SD	( ) Delete
Name:	CALDEVILLA, RICHARD	
Address:	10411 CARROLL COVE PLACE	
City-St-Zip:	TAMPA, FL 33612	
Title:	ASD	( ) Delete
Name:	BALDOR, CARLOS JR	
Address:	10312 GREEHHEDGES DR	
City-St-Zip:	TAMPA, FL 33629	
Title:	ATD	( ) Delete
Name:	BERLIN, MARIA	
Address:	17508 DRAKE COURT	
City-St-Zip:	LUTZ, FL 33559	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT HARLOW PMGR 04/24/2007

Electronic Signature of Signing Officer or Director — Date