

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011547

FILED  
May 20, 2008  
Secretary of State

Entity Name: ST. LAWRENCE HOUSING II, INC.

## Current Principal Place of Business:

5225 NORTH HIMES AVE  
TAMPA, FL 336146623

## New Principal Place of Business:

## Current Mailing Address:

5225 NORTH HIMES AVE  
TAMPA, FL 336146623

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

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

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: D ( ) Delete  
Name: MORGAN, THOMAS  
Address: 5225 NORTH HIMES AVE  
City-St-Zip: TAMPA, FL 336146623

Title: D ( ) Delete  
Name: CALDEVILLA, RICHARD  
Address: 10411 CARROLL COVE PLACE  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: WARD, PAUL A JR  
Address: PO BOX 40200  
City-St-Zip: ST. PETERSBURG, FL 337430200

Title: D ( ) Delete  
Name: MURPHY, FRANK  
Address: 1213 16TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: KOVANIS, JOEL  
Address: 7001 12TH STREET SOUTH  
City-St-Zip: TAMPA, FL 336194601

Title: D ( ) Delete  
Name: WALDROFF, JAMES G  
Address: 1142 69TH STREET SOUTH  
City-St-Zip: TAMPA, FL 33619

## 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 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: FRANK V. MURPHY

D

05/20/2008

Electronic Signature of Signing Officer or Director

Date