

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004151

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: FLORIDA HOUSING AUTHORITY, INC.

## Current Principal Place of Business:

35 WEST PINE STREET  
213  
ORLANDO, FL 32801

## New Principal Place of Business:

## Current Mailing Address:

35 WEST PINE STREET  
213  
ORLANDO, FL 32801

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALEX, VALLE  
35 WEST PINE STREET  
213  
ORLANDO, FL 32801 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: D ( ) Delete  
Name: SANCHEZ, DESIREE  
Address: 35 WEST PINE STREET  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: VALLE, ALEX  
Address: 35 WEST PINE STREET  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: ATALA, ANTHONY  
Address: 6336 CASTELVEN DR UNIT 106  
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete  
Name: ROBINSON, MARCUS  
Address: 2127 MESSINA AVENUE  
City-St-Zip: ORLANDO, FL 32811

## 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:

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: DESIREE SANCHEZ

DIR

04/13/2009

Electronic Signature of Signing Officer or Director

Date