

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26618

FILED
Feb 03, 2010
Secretary of State

Entity Name: RHA/FLORIDA PROPERTIES, INC.

Current Principal Place of Business:

ONE BUCKHEAD PLAZA, SUITE 900
3060 PEACHTREE ROAD, N.W.
ATLANTA, GA 30305

New Principal Place of Business:

Current Mailing Address:

ONE BUCKHEAD PLAZA, SUITE 900
3060 PEACHTREE ROAD, N.W.
ATLANTA, GA 30305

New Mailing Address:

FEI Number: 58-1796702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: COATS, BRYANT
Address: 3060 PEACHTREE RD NW, STE 900
City-St-Zip: ATLANTA, GA 30305

Title: D
Name: OAKES, HOWARD
Address: 3060 PEACHTREE ROAD, S-910
City-St-Zip: ATLANTA, GA 30305

Title: D
Name: BRADEEN, CHET H
Address: 1170 BAWDEN CIRCLE
City-St-Zip: BROOKFIELD, WI 53045

Title: D
Name: WALKER, WILLIAM P
Address: 224 QUAIL LANE, LAKE MARTIN
City-St-Zip: DADEVILLE, AL 36853

Title: CFO
Name: WEST, JOHN R
Address: 3060 PEACHTREE RD NW, STE 900
City-St-Zip: ATLANTA, GA 30305

Title: D
Name: COATS, ROBERT B
Address: 330 DAWNBROOK DRIVE
City-St-Zip: FLAT ROCK, NC 28731

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 R. WESET

CFO

02/03/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date