


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N29812</b>		
1. Entity Name <b>CENTRAL FLORIDA LEASED HOUSING CORPORATION, INC.</b>		
Principal Place of Business <b>718 MARGARET SQUARE WINTER PARK, FL 32789</b>	Mailing Address <b>718 MARGARET SQUARE WINTER PARK, FL 32789</b>	



01072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3006442</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HINCKLEY, LYNDA 718 MARGARET SQUARE WINTER PARK, FL 32789</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when instituting) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

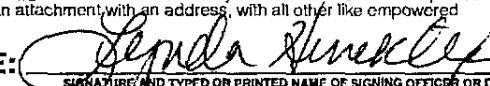
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000222638  
02/10/05-80009-022 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MDS HINCKLEY, LYNDA 718 MARGARET SQUARE WINTER PARK, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KOVISARS, JUDITH 255 S. ORANGE AVE., #1590 ORLANDO, FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARTLEY, ROBERT 1732 MIZELL WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FELTON, DOROTHY 845 W. SWOOPE #13 WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILLER, MICHAEL 375 SYLVAN DR, WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**  **LYNDA HINCKLEY** 1/7/05 407-645-2869  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #