

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29812

FILED
Jan 20, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA LEASED HOUSING CORPORATION, INC.

Current Principal Place of Business:

718 MARGARET SQUARE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

718 MARGARET SQUARE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3006442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINCKLEY, LYNDA
718 MARGARET SQUARE
WINTER PARK, FL 32789 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: MDS () Delete
Name: HINCKLEY, LYNDA
Address: 718 MARGARET SQUARE
City-St-Zip: WINTER PARK, FL

Title: D () Delete
Name: KOVISARS, JUDITH
Address: 255 S. ORANGE AVE., #1590
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: MACDIARMID, ANN
Address: 1723 GOLFSIDE DR
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: FELTON, DOROTHY
Address: 845 W. SWOOPE #13
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: MILLER, MICHAEL
Address: 375 SYLVAN DR,
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: NEWMAN, JANE
Address: 1443 HIBISCUS AVE
City-St-Zip: WINTER PARK, FL 32789

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
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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: LYNDA HINCKLEY

ED

01/20/2008

Electronic Signature of Signing Officer or Director

Date