**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**
**95 APR -3 PM 6:11**

DOCUMENT # N45302 (9)

1. Corporation Name
**SOUTH FLORIDA AFFORDABLE HOUSING CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 17373<br>WEST PALM BEACH FL 33416 | P.O. BOX 17373<br>WEST PALM BEACH FL 33416 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1991
3a. Date of Last Report: 07/26/1994
4. FEI Number: 65-0300011 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 P.O. Box 17316 | 26 P.O. Box 17316 |
| 22 Suite, Apt. #, etc. — | 27 Suite, Apt. #, etc. — |
| 23 City & State: West Palm Beach Fl | 28 City & State: West Palm Beach Fl |
| 24 Zip: 33416 25 Country: USA | 29 Zip: 33416 30 Country: USA |

**9. Name and Address of Current Registered Agent**

GLUCKMAN, JOSEPH
1615 HOLLYHOCK RD
W PALM BEACH FL ~~33411~~ 33414

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | CD | 1.1 TITLE | Director ☐ Change ☑ Addition |
| NAME | HUNTER, STEVEN | 1.2 NAME | |
| STREET ADDRESS | 7025 182ND ROAD NORTH | 1.3 STREET ADDRESS | Henry Swilley |
| CITY-ST-ZIP | JUPITER FL | 1.4 CITY-ST-ZIP | 3010 Embassy Drive W. Palm Bch, Fl. 33401 |
| TITLE | VT | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | HUDNELL, CHARLES | 2.2 NAME | |
| STREET ADDRESS | 1203 WESTCHESTER DR EAST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | BROWN, SHERRY | 3.2 NAME | |
| STREET ADDRESS | 5100 45TH STREET #2F | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | BMD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | ROSEN, MURRAY | 4.2 NAME | |
| STREET ADDRESS | MEADOWLAND CIR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | P | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | GLUCKMAN, JOSEPH | 5.2 NAME | |
| STREET ADDRESS | 1615 HOLLYHOCK RD. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BEACH FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Joseph Gluckman 3/28/95 467-832-9782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #