SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996 '97

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

FILED
Apr 22 1997 8:00am
Secretary of State

DOCUMENT # **N45302** **(9)**

1. Corporation Name
SOUTH FLORIDA AFFORDABLE HOUSING CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 17316 WEST PALM BEACH FL 33416 US	P.O. BOX 17316 WEST PALM BEACH FL 33416 US

3. Date Incorporated or Qualified: **09/25/1991**
3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GLUCKMAN, JOSEPH
1615 HOLLYHOCK RD
W PALM BEACH FL 33411

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	S/T D	☑ Change ☐ Addition
NAME	HUNTER, STEVEN		1.2 NAME		
STREET ADDRESS	7025 182ND ROAD NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE	PD	☑ 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	☐ DELETE	3.1 TITLE	VPD	☑ 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	☑ DELETE	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	☑ DELETE	5.1 TITLE	~~Director~~ S	☑ 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	D	☑ DELETE	6.1 TITLE		☑ Change ☐ Addition
NAME	SWILLEY, HENRY		6.2 NAME		
STREET ADDRESS	3010 EMBASSY DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		6.4 CITY-ST-ZIP		

4/22/97

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CR2E037 (3/96)

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)(k), 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: SIGNATURE REQUIRED 3/22/97 561-659-9371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010160