Apriled For

\$8.75 Additional

Not Applicable

## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# **DOCUMENT # N45302**

1. Corporation Name

### SOUTH FLORIDA AFFORDABLE HOUSING CORPORATION

· · · · · · · · · · · · · · · · · · ·
534 DATURA ST
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Principal Place of Business

Mailing Address

534 DATURA ST

2a. Mailing Address

City & State

Suite, Apt. #, etc.

WEST PALM BEACH FL 33401

26

27

# FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90204 028 \*\*\*\*70.00

\* 4 4 8 5 6 5 \* 448565 - 90204 - 28



3. Date Incorporated or Qualifed

09/25/1991

65-0300011

4. FEI Number

	28								Recluired
Country	Zip	Co	untry		6. Election	Campaign Financ	ing 🗆	• -	O May Be
25	29	30							d to Fees
9. Name and Address of Current	Registered Agen	nt	 		10. Name a	nd Address of N	ew Registere	d Agent	
			81	Name					
N, JOSEPH			82	Street Ac dre	ss (P.O. Box f	Number is Not Acc	ceptable)		
					<u> </u>	<del></del>			
			83						
			84	City		<del></del>		. 85 Zi	p C ode
				•			F	L   _	
egistered agent or both in the State of	Florida, Such cha	ange was authorize	d by	the corporation	oration submits n's board of die	this statement for rectors. I hereby a	the purpose accept the app	of changing i cointment as	ts registered reg stered
Signature, typed or printed name of registered agent a	and title if applicable.	(NOT :: Registere	d Agen	t signature required	when reinstating)		DATE		
_ <del></del>		13			ADDITIO	NS/CHANGES TO	OFFICERS	AND DIREC	FOFIS IN 12
PSD		DELETE 1,1	TTLE					Chang	e 🗌 Addition
GLUCKSMAN, JOSEPH		1.21	IAME						
464E 110111111001/ DD		1.3 8	TREET	ADDRESS					
WELLINGTON FL 33414		1.4	CITY-\$1	r-ZIP					
TD		DELETE 2.1	TITLE					Chang	e 🗌 Additio
ROSEN, KAREN		2.21	AME	ļ					
		2.33	TREET	ADDRESS					
		2.4	CITY-S	T-ZIP					
VPD		DELETE 3.1	ITLE			<del>-</del>		Chang	e 🗌 Additio
GLUCKSMAN, LISA		3.2 i	AME						
COL BATHER OT		3.3	STREET	ADDRESS					
WEST PALM BEACH FL 33401		3.4.	CITY-S	T-ZIP					
		DELETE 4.1	TILE					Chang	e
		4.2	NAME	1					
		4.3	TREET	ADDRESS					
		4.4	CITY-SI	r-ZIP					
		DELETE 5.1	TLE					Chang	e 🔲 Additio
		5.21	AME						
{		5.3	TREET	ADDRESS					
				r- ZIP					
		DECENE						Chang	e 🗍 Additio
		6.2	NAME						
		6.3	TREET	ADDRESS					
certify that the information supplied with				I					
	9. Name and Address of Current NN, JOSEPH LYHOCK RD BEACH FL 33414  to the provisions of Sections 617,0502 registered agent, or both, in the State of im familiar with, and accept the obligation of Sections 617,0502 registered agent, or both, in the State of im familiar with, and accept the obligation of familiar with, and accept the obligation of FICERS AND OFFICERS	Signature, typed or printed name of registered agent and title if applicable.  PSD GLUCKSMAN, JOSEPH 100 ROSEN, KAREN 101 ROSEN, KAREN 102 ROSEN, KAREN 1034 DATURA ST WEST PALM BEACH FL 33401	Country   Zip   Co   28   30   30   9. Name and Address of Current Registered Agent   SAN, JOSEPH LYHOCK RD   BEACH FL 33414    to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the registered agent, or both, in the State of Florida. Such change was authorize im familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the registered agent, or both, in the State of Florida. Such change was authorize im familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the registered agent and title if applicable. (NOT :: Registere	Country   Zip   Country   29   30   30   30   30   30   30   30   3	Country	Country 25	Country Zip Country  28 30 Trust Fund Contribution  9. Name and Address of Current Registered Agent  10. Name and Address of N  81 Name  NN, JOSEPH LYHOCK RD  BEACH FL 33414  83 84 City  10 to the provisions of Sections 617,0502 and 617,1508, Florida Statules, the above-named ccrporation submits this statement for egistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of dilrectors. I hereby a magniture with, and accept the obligations of, Section 617,0503, Florida Statules.  Signature, typed or proted mains of registered agent and this if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO DELETE  1.1 TITLE  1.2 NAME  1.2 STREET ADDRESS  1.3 STREET ADDRESS  1.4 CITY-ST-ZP  1.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  3.3 STREET ADDRESS  4.4 CITY-ST-ZP  1.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  5.4 CITY-ST-ZP  1.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  5.4 CITY-ST-ZP  1.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  5.4 CITY-ST-ZP  1.3 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZP  1.3 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZP  1.3 TITLE  6.3 STREET ADDRESS  5.4 CITY-ST-ZP  1.4 CITY-ST-ZP  1.5 TITLE  6.3 STREET ADDRESS  5.4 CITY-ST-ZP  1.5 TITLE  6.3 STREET ADDRESS  6.4 CITY-ST-ZP	Country Zip Gountry Zip Gountry 30 Stelection Campaign Financing Financing Campaign Financing	Country   22   22   30   Trust Fund Contribution   \$5.0   Adder   Adde

officer or director of the corporation or the receiver or trustee empower Block 12 or Block 13 if changed, or on an attachment with an address,

SIGNATURE: