2006 NOT-FOR-PROFIT CORPORATION _ANNUAL REPORT (AR)

Mar 10, 2006 8:00 am **Secretary of State** DOCUMENT # N45302 1. Entity Name 03-10-2006 90017 038 ****61.25 SOUTH FLORIDA AFFORDABLE HOUSING CORPORATION Principal Place of Business Mailing Address 4181 NORTHWEST FIRST AVENUE 4181 NORTHWEST FIRST AVENUE SUITE #5 **BOCA RATON FL 33431-4266** BOCA RATON FL 33431-4266 2. Principal Place of Business 3. Mailing Address 6521 N.W.34TANE. 4699 N. FEDERAI Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) SUTTE #: 103 Applied For City & State City & State 4. FEI Number 65-0300011 Not Applicable POMPANO B Zip \$8.75 Additional 5. Certificate of Status Desired 33064 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEE. DENNIS 12927 BANYAN RD. MIAMI FL 33181 Zip Code 133309-1639 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Detete TITLE ☐ Change Addition MEE. DENNIS NAME 12927 BANYAN RD. STREET ADDRESS STREET ADDRESS MIAMI FL 33181 CITY-ST-7IP CITY+ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition STEPHENSON, DIANA NAME NAME 10160 OLEANDER CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33026 CITY-ST-ZIP ☐ Addition Delete SCHWARTZBAUM, STEVEN NAME NAME 1940 NE 124TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33181 CITY-ST-ZIE ☐ Delete TITLE TITLE ☐ Change Addition NAME MORRIS, ERIN NAME STREET ADDRESS 107 NW 93RD AVE. STREET ADDRESS CITY-ST-ZIF PEMBROKE PINES FL 33024 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Acceiver 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:

FILED