## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48640

FILED Sep 10, 2009 Secretary of State

Entity Nar	ne: SUNSHINE STATE AFFORDABLE HOUSING, I	NC.	
Current Principal Place of Business:		New Principal Place of Business:	
1111 3RD AVENUE, SUITE 3400 C/O FOSTER PEPPER PLLC SEATTLE, WA 981013299		1111 3RD AVENUE, SUITE 3400 C/O FOSTER PEPPER PLLC, C. MARCIN SEATTLE, WA 981013299	
Current Mailing Address:		New Mailing Address:	
C/O FOST	AVENUE, SUITE 3400 ER PEPPER PLLC WA 981013299	1111 3RD AVENUE, SUITE 3400 C/O FOSTER PEPPER PLLC, C. MARCIN SEATTLE, WA 981013299	
In accordan	65-0366454 FEI Number Applied For ( ) FEI Nuce with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:		Certificate of Status Desired ( )  of New Registered Agent:
PLANTATI The above	TH PINE ISLAND ROAD ON, FL 33324 US named entity submits this statement for the purpose of Florida.	of changing its registere	ed office or registered agent, or both,
01011/1101	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete CUMMINGS, CHRISTOPHER 1111 THIRD AVENUE, STE 3400 SEATTLE, WA 98101	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition
Title: Name: Address: City-St-Zip:	STD () Delete CUMMINGS, ROBERT 1111 THIRD AVENUE, STE 3400 SEATTLE, WA 98101	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition
Title: Name: Address: City-St-Zip:	D () Delete CUMMINGS, OLGA 1111 THIRD AVENUE, STE 3400 SEATTLE, WA 98101	Title: Name: Address: City-St-Zip:	() Change () Addition

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: CHRISTOPHER CUMMINGS PD 09/10/2009