FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000763 (3)

1. Corporation Name
AFFORDABLE HOUSING ASSOCIATION OF POLK COUNTY, I NC.

Principal Place of Business	Mailing Address
1565 N BROADWAY BARTOW FL 33830	1565 N BROADWAY BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1993
3a. Date of Last Report: 03/16/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAURENT, JOHN F 650 E DAVIDSON BARTOW FL 33830	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 [signature] 4-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	SMITH, ARNIE	1.2 NAME		
STREET ADDRESS	5038 LOCHNIVAR	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, RON	2.2 NAME		
STREET ADDRESS	5754 STATE RD 542 #1	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	FARRER, EARL D	3.2 NAME	Andre N. deLestang	
STREET ADDRESS	334 CUTRONE RD	3.3 STREET ADDRESS	1900 U.S. 27 South	
CITY-ST-ZIP	WINTER HAVEN FL 33880	3.4 CITY-ST-ZIP	Frostproof, FL 33843	
TITLE	P	4.1 TITLE	T	☒ Change ☐ Addition
NAME	WOOD, L.A.	4.2 NAME	Herbert W. Key	
STREET ADDRESS	1565 N BROADWAY	4.3 STREET ADDRESS	707 Jones Avenue	
CITY-ST-ZIP	BARTOW FL 33830	4.4 CITY-ST-ZIP	Haines City, FL 33844	
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	SIMONS, BERT R	5.2 NAME		
STREET ADDRESS	1565 N BROADWAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE	V	☒ Change ☐ Addition
NAME	FAZZINNI, JOHN	6.2 NAME	Neal E. Young	
STREET ADDRESS	4840 US 27 S	6.3 STREET ADDRESS	300 Third Street, N.W.	
CITY-ST-ZIP	LAKE WALES FL 33853	6.4 CITY-ST-ZIP	Winter Haven, FL 33881 *	

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. *See attached sheet for addition directors.

SIGNATURE: [signature] 4-17-95 (813) 299-6447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Paragraph 12, Officers and Directors:

TITLE: D x Addition

NAME: LYNCH, ROBERT

STREET ADDRESS: 707 JONES AVENUE

CITY-ST-ZIP: HAINES CITY, FL 33844

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TITLE: D x Addition

NAME: COLLINS, DAVID

STREET ADDRESS: 2500 Recker Hwy.

CITY-ST-ZIP: Winter Haven, FL 33880

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TITLE: D x Addition

NAME: REASS, RICK

STREET ADDRESS: c/o SunBank, 210 Security Square

CITY-ST-ZIP: Winter Haven, FL 33880

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TITLE: D x Addition

NAME: COUCH, DAVID

STREET ADDRESS: 340 Jacksonville Court

CITY-ST-ZIP: Kissimmee, FL 34759

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TITLE: D x Addition

NAME: QUINN, SHIRLEY

STREET ADDRESS: 907 U. S. HWY. 27

CITY-ST-ZIP: HAINES CITY, FL 33844

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