

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000763 (3)

1. Corporation Name

AFFORDABLE HOUSING ASSOCIATION OF POLK COUNTY, I
NC.

Principal Place of Business

1565 N BROADWAY
BARTOW FL 33830

Mailing Address

1565 N BROADWAY
BARTOW FL 33830



3. Date Incorporated or Qualified
03/15/1993

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

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 NEAL E. YOUNG

82

Street Address (P.O. Box Number is Not Acceptable)

83

300 3RD ST. N.W.

84

City WINTER HAVEN FL

85

Zip Code 33881

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

Signature, typed or printed name of registered agent and no fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SMITH, ARNIE
STREET ADDRESS 5036 LOCHNIVAR
CITY-ST-ZIP LAKE LAND FL

1.1 TITLE D
1.2 NAME SMITH, ARNIE
1.3 STREET ADDRESS 5036 LOCHNIVAR
1.4 CITY-ST-ZIP LAKE LAND, FL.

TITLE D
NAME CARTER, RON
STREET ADDRESS 5754 STATE RD 542 #1
CITY-ST-ZIP WINTER HAVEN FL 33880

2.1 TITLE VD
2.2 NAME SHIRLEY QUINN, SHIRLEY
2.3 STREET ADDRESS 18 LAKE VIEW DR.
2.4 CITY-ST-ZIP HAINES CITY, FL. 33844

TITLE D
NAME DELESTANG, ANDRE N.
STREET ADDRESS 1900 SU 27 S
CITY-ST-ZIP FROSTPROOF FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME KEY, HERBERT W.
STREET ADDRESS 707 JONES AVE
CITY-ST-ZIP HAINES CITY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME SIMONS, BERT R
STREET ADDRESS 1565 N BROADWAY
CITY-ST-ZIP BARTOW FL 33830

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V
NAME YOUNG, NEAL E.
STREET ADDRESS 300 NW THIRD STREET
CITY-ST-ZIP WINTER HAVEN FL

6.1 TITLE PD
6.2 NAME YOUNG, NEAL E.
6.3 STREET ADDRESS 300 3RD ST N.W.
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

Date

(941) 299-6647

Daytime Phone #

CR2E037 (12/95)