

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000002549 (4)

1. Corporation Name

AFFORDABLE HOUSING ALLIANCE, INC.

FILED

98 MAY -1 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

2200 LUCIEN WAY
SUITE 450
MAITLAND FL 32751

P O BOX 4961
ORLANDO FL 32802-4961

3. Date Incorporated or Qualified

06/07/1993

4. FEI Number

59-3188520

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1551 Sandspur Rd.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Maitland, FL

28 Maitland, FL

24 Zip 32751 Country

29 Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL
FLORIDA, INC.
390 N. ORANGE AVE., SUITE 1100
ORLANDO FL 32801

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 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 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 VPD
NAME SCIARRINO, MICHAEL J
STREET ADDRESS 2200 LUCIEN WAY, STE 450
CITY-ST-ZIP MAITLAND FL 32751

1.1 TITLE VP/D
1.2 NAME Michael J. Sciarrino
1.3 STREET ADDRESS 1551 Sandspur Rd.
1.4 CITY-ST-ZIP Maitland, FL 32751

TITLE P
NAME MORROW, SAMMUAL
STREET ADDRESS 533 VERSAILLES DR., STE 104
CITY-ST-ZIP MAITLAND FL 32751

2.1 TITLE P
2.2 NAME Sammual Morrow
2.3 STREET ADDRESS 1551 Sandspur Rd.
2.4 CITY-ST-ZIP Maitland, FL 32751

TITLE ST
NAME BRACK, JAY P
STREET ADDRESS 2200 LUCIEN WAY, STE 450
CITY-ST-ZIP MAITLAND FL 32751

3.1 TITLE S/T
3.2 NAME Jay P. Brock
3.3 STREET ADDRESS 1551 Sandspur Rd.
3.4 CITY-ST-ZIP Maitland, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

Michael J. Sciarrino

04/28/98

407-741-8500

CR25037 (10/97)