


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000005420
 1. Entity Name
 AFFORDABLE HOUSING INSTITUTE, INC.



Principal Place of Business 2121 B CAMDEN ROAD ORLANDO, FL 32803	Mailing Address 2121 B CAMDEN ROAD ORLANDO, FL 32803
--	--

DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP CRZE037 (11/05)

4. FEI Number 59-3223001	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NOLAN, WILLIAM T
 2121 B. CAMDEN ROAD
 ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTNETT, ROBERT C 2121 B. CAMDEN ROAD ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, FRANCES E 2229 OVERLOOK DR MT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAN, WILLIAM T 2121 B. CAMDEN ROAD ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARTNETT, BRYAN C 2121 CAMBEN ROAD # B ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALZO, REDDICK 2116 MONTE CARLO TRAIL ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000401926
 02/02/06-80065-009 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: Robert C. Hartnett 1-20-06 40896-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert C. Hartnett