

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90026 047 ****61.25

DOCUMENT # N95000001899

1. Corporation Name

AFFORDABLE HOUSING ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

300 THIRD STREET N.W.
WINTER HAVEN FL 33881

Mailing Address

300 THIRD STREET N.W.
WINTER HAVEN FL 33881



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/21/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3316635	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

YOUNG, NEAL E
300 THIRD STREET N.W.
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

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 Neal E. Young Neal E. Young

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/14/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUCH, DAVID	1.2 NAME	
STREET ADDRESS	2905 TREVI CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, BOBBY	2.2 NAME	SD ROBIN DAVIS
STREET ADDRESS	124 MCNICHOLS AVE	2.3 STREET ADDRESS	522 HWY 92 W
CITY-ST-ZIP	AUBURNDALE FL	2.4 CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	PTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, NEAL E	3.2 NAME	
STREET ADDRESS	300 THIRD STREET N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDFORD, BOB	4.2 NAME	
STREET ADDRESS	11680 OAK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33772	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIVEY, JAMES C	5.2 NAME	
STREET ADDRESS	522 HWY 92 W	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neal E. Young President

DATE

7/14/99

DAYTIME PHONE #

(941) 299-6647

CR2E037 (5/99)

0007984