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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003263 (9)**

1. Corporation Name

NATIONAL HOUSING FOUNDATION OF FLORIDA, INC.



Principal Place of Business C/O WESLEY A. LAUER 515 N FLAGLER DR WEST PALM BEACH FL 33401-4321	Mailing Address C/O WESLEY A. LAUER 515 N FLAGLER DR WEST PALM BEACH FL 33401-4321
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3. Date Incorporated or Qualified

07/03/1995

4. FEI Number

36-4029945

Applied For

Not Applicable

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAUER, WESLEY A
515 N FLAGLER DR
WEST PALM BEACH FL 33401-4321**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'LAUGHLIN, CAREY A	
STREET ADDRESS	P.O. BOX 1395 N/A	
CITY-ST-ZIP	BARRINGTON IL 60010-1395	

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, LARRY B.	
STREET ADDRESS	410 ROSE BRIAR DRIVE	
CITY-ST-ZIP	LONGWOOD FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDLER, BONNIE	
STREET ADDRESS	12555 BISCAYNE BLVD SUITE 881	
CITY-ST-ZIP	N MIAMI FL 33181	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STD
2.3 STREET ADDRESS	STAMM, JOHN
2.4 CITY-ST-ZIP	233 EAST WACKER DRIVE

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Carey A. O'Laughlin

NO FILING FEE REQUIRED

1-13-98

312-876-7933

CR2E037 (10/97)