

**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 # N95000005427**  
1. Corporation Name  
**HOUSING AUTHORITY OF TARPON SPRINGS ELDERLY/HANDICAPPED TENANTS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**500 S. Walton Avenue Same  
Tarpon Springs, FL  
34689**

2. Principal Place of Business 21 <b>500 S. Walton Ave</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>500 S. Walton Ave</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>November 13, 1995</b>	3a. Date of Last Report
22 City & State <b>Tarpon Springs, FL</b>	27 City & State <b>Tarpon Springs, FL</b>	4. FEI Number <b>59-3347994</b>	Applied For <input type="checkbox"/> Not Applicable
24 <b>34689</b>	25 <b>USA</b>	29 <b>34689</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent <b>Rev. Elia-John E. Vaporis 500 S. Walton Avenue, Apt. 22 Tarpon Springs, Florida 34689</b>		10. Name and Address of New Registered Agent	
B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City
		B5 Zip Code	<b>FL</b>

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 *Elia John E. Vaporis* (Elia-John E. Vaporis) April 16, 1996 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P/D</b>	<b>Elia-John E. Vaporis</b> <input type="checkbox"/> DELETE	11 TITLE <b>D</b>	<b>William Mazurek</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>500 S. Walton Ave., # 22</b>	12 NAME	<b>500 S. Walton Ave., # 8</b>
STREET ADDRESS	<b>Tarpon Springs, FL 34689</b>	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE <b>VP/D</b>	<b>Lena Smith</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500 S. Walton Ave., # 20</b>	22 NAME	
STREET ADDRESS	<b>Tarpon Springs, FL 34689</b>	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE <b>S/D</b>	<b>Constantine Loucas</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500 S. Walton Ave., # 14</b>	32 NAME	
STREET ADDRESS	<b>Tarpon Springs, FL 34689</b>	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE <b>T/D</b>	<b>Victoria Gerokious</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500 S. Walton Ave., # 30</b>	42 NAME	
STREET ADDRESS	<b>Tarpon Springs, FL 34689</b>	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	<b>700001787327</b>
STREET ADDRESS		63 STREET ADDRESS	<b>-04/19/96--01057--010</b>
CITY - ST - ZIP		64 CITY - ST - ZIP	<b>***61.25</b>

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: *Elia John E. Vaporis* Elia-John E. Vaporis 04/16/96 813-3943-196  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

+19796  
J02