## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N97000003265 Entity Name COASTAL AFFORDABLE HOUSING, INC.



**FILED** 

Jan 17, 2007 8:00 am Secretary of State 01-17-2007 90055 034 \*\*\*\*61.25

COASIA	E ALL ONDABLE HOUSING	G, INC.							
THE NHP FOUNDATION TI 1090 VERMONT AVE., N.W., SUITE 400 11		THE NHP 1090 VE	Mailing Address THE NHP FOUNDATION 1090 VERMONT AVE., N.W., SUITE 400 WASHINGTON, DC 20005						
2. Principal F	Place of Business - No P.O. Box #	3. Mailing	Address						
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.		01052007 C	hg-NP	CR2E03	7 (12/06)	
City & State		City &	City & State		4. FEI Number 52-204004	12	<u>-</u>	_ <del>                                    </del>	oplied For
Zip	Country	Zip		Country	5. Certificate of S			8.75 Add	
	6. Name and Address of Curren	t Registered A	nent		7. Name and Ad	dress of New R		ee Require	
				Name	The state of the s		ogiotoi to A	gont	
	NTICE-HALL CORPORATION 'S STREET	1		Street Add	ress (P.O. Box Number is	Not Acceptable			
	SSEE, FL 32301-2525			Street Addr		Not Acceptable			
				City			FL	Zip Cod	e
	e named entity submits this statement titions of registered agent.	for the purpose	of changing its regi	istered office or re	gistered agent, or both, in	the State of Flo	rida. I am fa	amiliar with,	and accept
(ne obliga									
tne obliga									
signature		nt and title if applicable	B. (NOTE: Rep	ristered Agent signature r	equited when reinstating		DATE	·	
_	Signature, typed or printed name of registered agen		·		equired when reinstating)	1	DATE		
_			e. (NOTE: Reg  9. Election Campai  Trust Fund Contr	ign Financing	equired when reinstating) \$5.00 May Be Added to Fees	1	DATE ake check da Depart	· -	
_	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2007  OFFICERS AND D		9. Election Campai Trust Fund Contr	ign Financing	\$5.00 May Be	Flori	ake check da Depart	ment of Si	tate
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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 like empowered.

SIGNATURE: Joseph P. WILLOW JOSEPH P. WIEDORFER	1/12/2007	202 789 5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #