

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 07, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000003559**1. Entity Name  
**AFFORDABLE HOME PARTNERS, INC.**Principal Place of Business  
22045 AQUILA ST  
BOCA RATON FL 33428 USMailing Address  
22045 AQUILA ST  
BOCA RATON FL 33428 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

4. FEI Number  
**65-0751616**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**DEMARCO ALETA N  
22045 AQUILA ST  
BOCA RATON FL 33428 USName  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

SIGNATURE **ALETA N. DEMARCO****07/07/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| TITLE          | SD                       | <input type="checkbox"/> Delete |
|----------------|--------------------------|---------------------------------|
| NAME           | DEMARCO DR VG            |                                 |
| STREET ADDRESS | 22045 AQUILA ST          |                                 |
| CITY-ST-ZIP    | BOCA RATON FL 33428      |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | LOVEJOY LYNN             |                                 |
| STREET ADDRESS | 370 CAMINO GARDENS BLVD. |                                 |
| CITY-ST-ZIP    | BOCA RATON FL 33431      |                                 |
| TITLE          | PTD                      | <input type="checkbox"/> Delete |
| NAME           | DEMARCO ALETA            |                                 |
| STREET ADDRESS | 22045 AQUILA STREET      |                                 |
| CITY-ST-ZIP    | BOCA RATON FL 33428      |                                 |
| 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"/> Change            | <input type="checkbox"/> Addition |
|----------------|--|-----------------------------------|
| NAME           |  |                                   |
| STREET ADDRESS |  |                                   |
| CITY-ST-ZIP    |  |                                   |
| TITLE          | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME           |  |                                   |
| STREET ADDRESS |  |                                   |
| CITY-ST-ZIP    |  |                                   |
| TITLE          | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | DEMARCO ALETA N                            |                                   |
| STREET ADDRESS | 22045 AQUILA STREET                        |                                   |
| CITY-ST-ZIP    | BOCA RATON FL 33428                        |                                   |
| TITLE          | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME           |  |                                   |
| STREET ADDRESS |  |                                   |
| CITY-ST-ZIP    |  |                                   |
| TITLE          | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME           |  |                                   |
| STREET ADDRESS |  |                                   |
| CITY-ST-ZIP    |  |                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Aleta N. DeMarco**

PTD

07/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)