

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

09 APR 27 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000416

1. Corporation Name

FLORIDA HOUSING DEVELOPMENT CORPORATION

Principal Place of Business

1060 OREGON CT
SARASOTA FL 34236

Mailing Address

1060 OREGON CT
SARASOTA FL 34236



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/23/1998	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	N/A	
24	Country	29	Country	5. Certificate of Status Desired	
25		30		X	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		Applied For	
WARD, LONNIE JR		81. Name		Not Applicable	
1060 OREGON CT		82. Street Address (P.O. Box Number is Not Acceptable)		\$8.75 Additional Fee Required	
SARASOTA FL 34236		83. City		\$5.00 May Be Added to Fees	
		84. Zip Code		6. Election Campaign Financing Trust Fund Contribution	
		FL		[]	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	1060 Oregon Ct.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	Sarasota Fla. 34236	2.1 TITLE	2.2 NAME
CITY-ST-ZIP		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	9/06 Trompe	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	1060 Oregon Ct.	4.1 TITLE	4.2 NAME
CITY-ST-ZIP	Sarasota Fla. 34236	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME	James Ward	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	1060 Oregon Ct.	6.1 TITLE	6.2 NAME
CITY-ST-ZIP	Sarasota Fla. 34236	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
TITLE	NAME	800002859423--9	
NAME		-04/30/99--01140--019	
STREET ADDRESS		****508.75 ****70.00	
CITY-ST-ZIP		[] Change [] Addition	
		[] Change [] Addition	
		[] Change [] Addition	
		[] Change [] Addition	
		[] Change [] Addition	

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

DATE

Daytime Phone #

CR2E037 (1/98)