


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000001473  
1. Entity Name  
AFFORDABLE HOUSING OPPORTUNITIES, INC.



Principal Place of Business  
4000-B ST. JOHNS AVE., SUITE 22  
JACKSONVILLE, FL 32205

Mailing Address  
4000-B ST. JOHNS AVE., SUITE 22  
JACKSONVILLE, FL 32205

**DO NOT WRITE IN THIS SPACE**



03312005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3517390

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CRAVEY, JERRY R  
4000-B ST. JOHNS AVE., SUITE 22  
JACKSONVILLE, FL 32205

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating).

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAVEY, JERRY R 4000-B ST. JOHNS AVE., SUITE 22 JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALTON, WILLIAM H 4000-B ST. JOHNS AVE., SUITE 22 JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAGE, WOODROW 3436 MONCRIEF RD W JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LENTZ, ANN 4000-B ST. JOHNS AVE., SUITE 22 JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000286671  
04/04/05-80038-011 61.25

**DO NOT WRITE IN THIS SPACE**

12. 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 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:  DATE: 4/1/05 DAYTIME PHONE #: 904-388-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR