2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001473

FILED Apr 05, 2011 Secretary of State

Entity Name: AFFORDABLE HOUSING OPPORTUNITIES, INC.

Current Principal Place of Business: New Principal Place of Business:

4000-B ST. JOHNS AVE 4000 ST. JOHNS AVE

SUITE 22 SUITE 22

JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205

Current Mailing Address: New Mailing Address:

4000-B ST. JOHNS AVE 4000 ST. JOHNS AVE

SUITE 22 SUITE 22

JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205

FEI Number: 59-3517390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORSE, JOHN D
4000B ST. JOHNS AVE.

CORSE, JOHN D
4000 ST. JOHNS AVE.

SUITE 22 SUITE 22

JACKSONVILLE, FL 32205 US JACKSONVILLE, FL 32205 US

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: 04/05/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: DP

Name: CORSE, JOHN D PRES.

Address: 4000-B ST. JOHNS AVE., SUITE 22 City-St-Zip: JACKSONVILLE, FL 32205

Title: S

Name: CORSE, JOHN D SECRETA

Address: 4000 B ST JOHNS AVENUE, SUITE 22 City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D

Name: ADAMS, WILLIAM H DIR.

Address: 10160 VILLAGE GROVE DR. WEST City-St-Zip: JACKSONVILLE, FL 32257 US

Title: DIR.

 Name:
 HULSEY, MARK D

 Address:
 621 FOREST PARK DR.

 City-St-Zip:
 ST. AUGUSTINE, FL 32092 US

Title: DIR.

Name: GRAVES, EDWIN H DIR.
Address: 4216 CHIPPEWA DR.
City-St-Zip: JACKSON/JULE EL 32210.

City-St-Zip: JACKSONVILLE, FL 32210 US

Title: DIR

Name: HOLMES, ROGERS DIR.
Address: 1253 SOUTHSHORE DR.
City-St-Zip: ORANGE PARK, FL 32203 70

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN D CORSE S 04/05/2011