2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003243

FILED Mar 08, 2011 Secretary of State

Entity Name: COALITION OF AFFORDABLE HOUSING PROVIDERS, INC.

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

335 BEARD ST

TALLAHASSEE, FL 32303 US

Current Mailing Address: New Mailing Address:

PO BOX 14629

TALLAHASSEE, FL 32317

FEI Number: 59-3518972 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:

SKROB, ROBERT 335 BEARD ST

TALLAHASSEE, FL 32303 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: C

Name: BOGGIO, LLOYD

Address: 2950 SW 27 AVE., STE. 200

City-St-Zip: MIAMI, FL 33133

Title: VC

Name: DEUTCH, DAVID O

Address: 9400 S. DADELAND BLVD. STE 100

City-St-Zip: MIAMI, FL 33156

Title:

Name: THOMAS, CHRIS

Address: 100 CONGRESS AVE., STE 480

City-St-Zip: AUSTIN, TX 78701

Title: 5

Name: TOFT, HEATHER

Address: 390 NORTH ORANGE AVE., STE. 1100

City-St-Zip: ORLANDO, FL 32801

Title:

 Name:
 FEINBERG, HELEN

 Address:
 100 2ND AVE., S STE. 800

 City-St-Zip:
 ST. PETERSBURG, FL 33701

Title:

Name: CULP, SCOTT

Address: 329 N. PARK AVE., STE 300 City-St-Zip: WINTER PARK, FL 32789

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: LLOYD BOGGIO C 03/08/2011