

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000001620

1. Entity Name
CENTRAL FLORIDA HOUSING AUTHORITY, INC.



Principal Place of Business

**5448 HOFFNER AVENUE
107
ORLANDO, FL 32812**

Mailing Address

**3916 INTERSTATE 30
MESQUITE, TX 75150 US**



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 60-0001705	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**QUINTERO, NORMAN A SR.
5448 HOFFNER AVENUE
107
ORLANDO, FL 32812**

**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

(Signature of Norman A. Quintero)
Signature, typed or printed name of registered agent and title if applicable.

(Signature of Norman A. Quintero)
(NOTE: Registered Agent signature required when reinstating)

4/30/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000942236
05/29/08-80012-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINTERO, NORMAN A SR 5448 HOFFNER AVENUE, SUITE 107 ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUINTERO, MIRIAM C 5448 HOFFNER AVENUE SUITE 107 ORLANDO, FL 32812
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:

(Signature of Norman A. Quintero)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08
Date

9722798500
2469728500
Daytime Phone #