## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P93000011662

Entity Name: PARK AFFORDABLE HOUSING, INC.

FILED Aug 02, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1950 SUMMIT PARK DRIVE SUITE 300				1950 SUMMIT PARK DRIVE SUITE 300			
ORLANDO, FL 32810				ORLANDO, FL 32810 US			
Current Mailing Address:				New Mailing Address:			
1950 SUMMIT PARK DRIVE SUITE 300 ORLANDO, FL 32810			1950 SUMMIT PARK DRIVE SUITE 300 ORLANDO, FL 32810 US				
FEI Number:	59-3165049	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate of Status Desired (	( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ZOM DEVELOPMENT, INC. 1950 SUMMIT PARK DR STE 300 ORLANDO, FL 32810 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.							
SIGNATUR							
	Electroni	c Signature of Registered Agen	t			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PATTERSON, ST	ARK DR, STE 300		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BUCK, STEVEN	ARK DRIVE, SUITE 300		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STEPHENS, SAN	ARK DRIVE, SUITE 300		Title: Name: Address: City-St-Zip:	STEPHENS, SAM	ARK DRIVE, SUITE 300	
Title: Name: Address: City-St-Zip:	S () SLATER, JAMES 1950 SUMMIT P ORLANDO, FL	S E ESQ ARK DRIVE, SUITE 300		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	NICHOLAS, JOH	ARK DRIVE, SUITE 300		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ROSS, KIMBERI	ARK DRIVE SUITE 300		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL C. STEPHENS, III EVP 08/02/2006