## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 8:00 am Secretary of State DOCUMENT # P93000030775 05-02-2005 90378 036 \*\*\*150.00 1. Entity Name WW HOUSING AFFORDABILITY, INC. Principal Place of Business Mailing Address 14011965 655 NORTH FRANKLIN STREET 655 NORTH FRANKLIN STREET **SUITE 2200 SUITE 2200 TAMPA, FL 33602** TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Ant #, etc. 02102005 CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 59-3177945 Not Applicable Zip Country Zio \$8.75 Additional Country 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDONOUGH, BRIAN J Brenda H. Storey Street Address (P.O. Box Number is Not Acceptable) 655 N. Franklin Street, Suite 2200 2200 MUSEUM TOWER 150 WEST FLAGLER STREET Tampa, FL 33602 MIAMI, FL 33130 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition Change WILSON, CAROLYN M NAME NAME 655 NORTH FRANKLIN STREET STE 2200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP TITLE **CFOS** ☐ Delete TITLE Change Addition STOREY, BRENDA H NAME NAME STREET ADDRESS 655 N FRANKLIN STREET, STE 2200 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP me TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 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. Drenda

CITY-ST-ZIP

GRATURE AND TYPED OR PRINTED NAME OF SIGNING Brenda H. Storey ICER OR DIRECTOR Chief Financial Office

CITY-ST-ZIP

SIGNATURE:

**FILED**