2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** DOCUMENT # P98000061415 Feb 10, 2006 08:00 AM Secretary of State 1. Entity Name SOUTH FLORIDA AFFORDABLE HOME INVESTMENT, INC. Principal Place of Business Mailing Address 10695 DALMANY WAY PO BOX 5563 ROYAL PALM BEACH FL 33411 LAKE WORTH FL 33466 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0848714 Not Applicat Zio Country $Z_{1D}$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCNEIL, MILTON Street Address (P.O. Box Number is Not Acceptable) 10695 DALMANY WAY **ROYAL PALM BEACH FL 33411** City Zip Code 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, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 \$5.00 May F: 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 1100000429132 □ Change TITLE ☐ Delete TITLE 02/21/06-80077-007 150.00 NAME NAME MCNEIL, MILTON STREET ADDRESS STREET ADDRESS 10695 DALMANY WAY CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP ☐ Defete TITLE HILE Change Addition NAME MCNEIL, AILEEN NAME STREET ADDRESS 10695 DALMANY WAY STREET ADDRESS CITY-ST-7IP CITY ST. 7tP ROYAL PALM BEACH FL 33411 TATLE ☐ Detete TITLE ☐ Change Add::: MAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addibir. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71F CITY-ST-ZIE TITLE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Oelete HRE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE:

SIGNATURE:

MILTON MCNETL' 07/04/66 . 56/- 722-2076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Description Property