

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001473

**Entity Name:** AFFORDABLE HOUSING OPPORTUNITIES, INC.

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC2930523701**

**Current Principal Place of Business:**

4250 LAKESIDE DRIVE  
SUITE 212  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4250 LAKESIDE DRIVE  
SUITE 212  
JACKSONVILLE, FL 32210 US

**FEI Number: 59-3517390**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORSE, JOHN D  
707 PENINSULA PLACE  
SUITE 250  
JACKSONVILLE, FL 32204 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

**Officer/Director Detail :**

Title DP  
Name CORSE, JOHN D.  
Address 4250 LAKESIDE DRIVE  
SUITE 212  
City-State-Zip: JACKSONVILLE FL 32210

Title S  
Name CORSE, JOHN D  
Address 4250 LAKESIDE DRIVE  
SUITE 212  
City-State-Zip: JACKSONVILLE FL 32210

Title D  
Name ADAMS, WILLIAM H  
Address 10160 VILLAGE GROVE DR. WEST  
City-State-Zip: JACKSONVILLE FL 32257

Title DIR.  
Name GRAVES, EDWIN H.  
Address 4216 CHIPPEWA DR.  
City-State-Zip: JACKSONVILLE FL 32210

Title DIR.  
Name HOLMES, ROGERS B.  
Address 1253 SOUTHSORE DR.  
City-State-Zip: ORANGE PARK FL 32203

*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: JOHN D CORSE**

**DP**

**03/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date