

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 04 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 710446 (6)

1. Corporation Name
THE HOME ASSOCIATION, INC.



| | | | |
|--|--|---|--|
| Principal Place of Business 1203-22ND AVENUE TAMPA FL 33605 | | Mailing Address 1203-22ND AVENUE TAMPA FL 33605 | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State | |
| 23 Zip | | 28 Zip | |
| 24 Country | | 29 Country | |
| 30 | | 31 | |
| 3. Date Incorporated or Qualified 02/22/1966 | | 4. FEI Number 59-0624427 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent JOSEY, WILLIAM S 100 S ASHLEY DR SUITE 830 TAMPA FL 33602 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 84 City | |
| 85 Zip Code | | FL | |

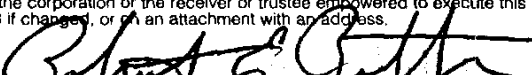
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| | | | |
|----------------------------|---|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DAST <input type="checkbox"/> DELETE | 1.1 TITLE | EXECUTIVE DIRECTOR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LEISNER, SUSAN | 1.2 NAME | ROBERT RITTER |
| STREET ADDRESS | 10125 WHITE TROUT LANE | 1.3 STREET ADDRESS | 439 MINTWOOD TER. |
| CITY-ST-ZIP | TAMPA FL 33618 | 1.4 CITY-ST-ZIP | TARPON SPRINGS, FL 34689 |
| TITLE | DT <input type="checkbox"/> DELETE | 2.1 TITLE | TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WOLFE, PATRICIA | 2.2 NAME | VIRGINIA GREGORY |
| STREET ADDRESS | 333 PLANT AVE. | 2.3 STREET ADDRESS | 442 W. KENNEDY SUITE 160 |
| CITY-ST-ZIP | TAMPA FL 33606 | 2.4 CITY-ST-ZIP | TAMPA, FL 33601 |
| TITLE | DS <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUMPLE, ELAINE | 3.2 NAME | LEISNER, SUSAN |
| STREET ADDRESS | 2927 WALLCRAFT AVE. | 3.3 STREET ADDRESS | 10125 WHITE TROUT LANE |
| CITY-ST-ZIP | TAMPA FL 33611 | 3.4 CITY-ST-ZIP | TAMPA, FL 33618 |
| TITLE | DP <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BALDY, JOANNE | 4.2 NAME | WOLFE, PATRICIA |
| STREET ADDRESS | 4413 BEACH PARK DRIVE | 4.3 STREET ADDRESS | 333 PLANT AVE |
| CITY-ST-ZIP | TAMPA FL 33609 | 4.4 CITY-ST-ZIP | TAMPA, FL 33606 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-98 713-221-6101

Date

Daytime Phone # 0048114

CR2E037 (10/97)