


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90018 047 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710446**

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		3. Date Incorporated or Qualified	
21		26		02/22/1966	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0624427	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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	ED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEISNER, SUSAN	1.2 NAME	LAUER, ROBERT
STREET ADDRESS	10125 WHITE TROUT LANE	1.3 STREET ADDRESS	520 BROOKSIDE DR
CITY-ST-ZIP	TAMPA FL 33618	1.4 CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, PATRICIA	2.2 NAME	
STREET ADDRESS	333 PLANT AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	2.4 CITY-ST-ZIP	
TITLE	ED <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, ROBERT	3.2 NAME	
STREET ADDRESS	439 MINTWOOD TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPGS FL 34689	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, VIRGINIA	4.2 NAME	
STREET ADDRESS	442 W KENNEDY STE 160	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33601	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEISNER, SUSAN	5.2 NAME	
STREET ADDRESS	10125 WHITE TROUT LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, PATRICIA	6.2 NAME	
STREET ADDRESS	333 PLANT AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/99 813-229-6901

CR2F037 (11/98)