2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710446

FILED Mar 24, 2006 Secretary of State

Entity Name: THE HOME ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1203-22ND AVENUE TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

1203-22ND AVENUE TAMPA, FL 33605

FEI Number: 59-0624427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ULLMAN, KIRSTEN 410 S. WARE BLVD. SUITE 1100 TAMPA, FL 33619 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:

Flateria Circulus of Busidess I Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 T
 () Delete
 Title:
 T
 (X) Change () Addition

 Name:
 MUNSON, JUDY
 Name:
 ASCOUGH, NANCY MS.

 Address:
 101 E KENNEDY BLVD #1465
 Address:
 3017-A BAY VIEW AVE.

Address: 101 E KENNEDY BLVD #1465 Address: 3017-A BAY VIEW AVE City-St-Zip: TAMPA, FL 33606 US City-St-Zip: TAMPA, FL 33611 US

Title: Title: (X) Change () Addition () Delete Name: LEISNER, SUSAN PRESIDE Name: LEISNER, SUSAN MS. Address: 10125 WHITE TROUT LANE Address: 10125 WHITE TROUT LANE City-St-Zip: TAMPA, FL 33618 US City-St-Zip: TAMPA, FL 33618 US

Title: S () Delete Title: S (X) Change () Addition Name: OVERCASH, JANINE DR Name: OVERCASH, JANINE DR. Address: 12901 BRUCE B DOWNS BLVD Address: 12901 BRUCE B DOWNS BLVD

City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33612

Title: V () Delete Title: V (X) Change () Addition

 Name:
 CURRY, ROBERT
 Name:
 CURRY, ROBERTA MS.

 Address:
 5201 W KENNEDY BLVD
 Address:
 5201 W KENNEDY BLVD

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:
 TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN LEISNER PD 03/24/2006