2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734443

Entity Name: HOMES IN PARTNERSHIP, INC.

FILED Jan 06, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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235 E. 5TH ST. P.O. BOX 761 APOPKA, FL 32703

Current Mailing Address: New Mailing Address:

235 E. 5TH ST. P.O. BOX 761 APOPKA, FL 32703

FEI Number: 51-0188718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ALLEN, LELIA W KOVISARS, JUDITH M P 400 SOUTH ORANGE AVENUE. 6TH FLOOR

255 S ORANGE AVE, SUITE 1590 FANNIE MAE ORLANDO PARTNERSHIP OFFICE ORLANDO HOUSING/COMMUNITY DEV. BUREAU

ORLANDO, FL 32801 ORLANDO, FL 32801

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: JUDITH M KOVISRS 01/06/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

KELLOM, H. LEWIS Name: Name: 601 N. INDIGO DR. Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip:

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

Name: ALLEN, LELIA W Name: ALLEN, LELIA W Address: 400 SOUTH ORANGE AVENUE, 6TH FLOOR Address: 400 SOUTH ORANGE AVENUE, 6TH FLOOR

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801

Title: VPD () Delete Title: PD (X) Change () Addition

KOVISARS, JUDITH Name: KOVISARS, JUDITH Name:

255 S. ORANGE AVE., SUITE 1590 255 S. ORANGE AVE., SUITE 1590 Address: Address:

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801

Title: TD () Delete Title: VPD (X) Change () Addition Name: CONTE, MARK J Name: CONTE, MARK J

750 S ORLANDO AVENUE 750 S ORLANDO AVENUE Address: Address:

City-St-Zip: WINTER PARK, FL 327894845 City-St-Zip: WINTER PARK, FL 327894845

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

BARNES, MALCOLM PHILPOT, MELVIN Name: Name: 3300 EXCHANGE PLACE 3300 EXCHANGE PLACE Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: H. LEWIS KELLOM Μ 01/06/2004