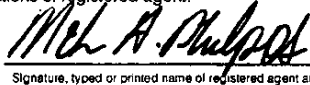


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90074 042 ****70.00

DOCUMENT # 734443 1. Entity Name HOMES IN PARTNERSHIP, INC.					
Principal Place of Business 235 E. 5TH ST. APOPKA, FL 32703			Mailing Address 235 E. 5TH ST. APOPKA, FL 32703		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0188718	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOVISARS, JUDITH M.R 255 S ORANGE AVE, SUITE 1590 FANNIE MAE ORLANDO PARTNERSHIP OFFICE ORLANDO, FL 32804			Name Melvin Philpot Street Address (P.O. Box Number is Not Acceptable) 3300 Exchange Place Progress Energy City Lake Mary, FL Zip Code 32746		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE 2/24/05		
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	M ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KELLOM, H. LEWIS		NAME		
STREET ADDRESS	601 N. INDIGO DR.		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP		
TITLE	TD ☒ Delete		TITLE	Treasurer ☐ Change ☒ Addition	
NAME	ALLEN, LELIA W		NAME	C. Heywood Gordon	
STREET ADDRESS	400 SOUTH ORANGE AVENUE, 6TH FLOOR		STREET ADDRESS	714 North Donnelly Street	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	Mount Dora, FL 32756-2672	
TITLE	PD ☒ Delete		TITLE	President ☒ Change ☐ Addition	
NAME	KOVISARS, JUDITH		NAME	Melvin Philpot	
STREET ADDRESS	255 S. ORANGE AVE., SUITE 1590		STREET ADDRESS	3300 Exchange Place	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	VPD ☒ Delete		TITLE	Vice President ☐ Change ☒ Addition	
NAME	CONTE, MARK J		NAME	Sharon Hughes	
STREET ADDRESS	750 S ORLANDO AVENUE		STREET ADDRESS	220 E. Central Pkwy., Suite 3020	
CITY-ST-ZIP	WINTER PARK, FL 327894845		CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	SD ☒ Delete		TITLE	Secretary ☐ Change ☒ Addition	
NAME	PHILPOT, MELVIN		NAME	Carmen J. Davila	
STREET ADDRESS	3300 EXCHANGE PLACE		STREET ADDRESS	903 Evergreen Ave.	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			DATE 2/28/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

20017559



02152005 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

M
KELLOM, H. LEWIS
601 N. INDIGO DR.
ALTAMONTE SPRINGS, FL 32714

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
ALLEN, LELIA W
400 SOUTH ORANGE AVENUE, 6TH FLOOR
ORLANDO, FL 32801

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
KOVISARS, JUDITH
255 S. ORANGE AVE., SUITE 1590
ORLANDO, FL 32801

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
CONTE, MARK J
750 S ORLANDO AVENUE
WINTER PARK, FL 327894845

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
PHILPOT, MELVIN
3300 EXCHANGE PLACE
LAKE MARY, FL 32746

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer
C. Heywood Gordon
714 North Donnelly Street
Mount Dora, FL 32756-2672

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Melvin Philpot
3300 Exchange Place
Lake Mary, FL 32746

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President
Sharon Hughes
220 E. Central Pkwy., Suite 3020
Altamonte Springs, FL 32701

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary
Carmen J. Davila
903 Evergreen Ave.
Altamonte Springs, FL 32701

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  H. Lewis Kellom

2/28/05

Date

Daytime Phone #