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.

20017559

Principal Place of Business	Mailing Address
235 E. 5TH ST. APOPKA, FL 32703	235 E. 5TH ST. APOPKA, FL 32703

02152005 Chg-NP CR2E037 (10/03)

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 ☐ Applied For ☐ Not Applicable

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 32801~~	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: Mel A. Philpot 2/24/05
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		☐ Change ☐ Addition
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	Treasurer C. Heywood Gordon 714 North Donnelly Street Mount Dora, FL 32756-2672	☐ Change ☒ Addition
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	President Melvin Philpot 3300 Exchange Place Lake Mary, FL 32746	☒ Change ☐ Addition
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	Vice President Sharon Hughes 220 E. Central Pkwy., Suite 3020 Altamonte Springs, FL 32701	☐ Change ☒ Addition
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	Secretary Carmen J. Davila 903 Evergreen Ave. Altamonte Springs, FL 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #