

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F03000002507

1. Entity Name
HOMELIFE COMMUNITIES OF SOUTH FLORIDA, INC.



Principal Place of Business
3137 CHESTNUT DRIVE
ATLANTA, GA 30340

Mailing Address
PO BOX 420367
ATLANTA, GA 30342

2. Principal Place of Business - No P.O. Box #
N/A

3. Mailing Address
N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06272007

Chg-P

CR2E034 (12/06)

4. FEI Number
51-0429303

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BYRNE, D. ANDREW
3520 THOMASVILLE RD
SUITE 200
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CFO ☐ Delete
NAME WALKER, SHARON
STREET ADDRESS PO BOX 420367
CITY-ST-ZIP ATLANTA, GA 30342

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEO ☐ Change ☒ Addition
NAME BEEN, JONATHAN
STREET ADDRESS PO BOX 420367
CITY-ST-ZIP ATLANTA, GA 30342

TITLE PRES ☐ Change ☒ Addition
NAME TOKANEL, SHAWN
STREET ADDRESS PO BOX 420367
CITY-ST-ZIP ATLANTA, GA 30342

TITLE DIRECTOR ☐ Change ☒ Addition
NAME BEEN, JONATHAN
STREET ADDRESS PO BOX 420367
CITY-ST-ZIP ATLANTA, GA 30342

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-27-07 678-578-3981

FILED

07 JUN 29 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

