2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # N31825 1. Entity Name

FILED Feb 21, 2005 8:00 am Secretary of State

HOUSING AND NEIGHBORHOOD DEVELOPMENT SERVICES OF CENTRAL FLORIDA, INC.				02-21-2003 90080 042 70.00					
Principal Plac	e of Business	Mailing Address							
6900 S. ORANGE BLOSSOM TRAIL SUITE 300 ORLANDO FL 32809 US		6900 S. ORANGE BLOSSO SUITE 300 ORLANDO FL 32809 US	OM TRAIL	ON LEGINAL COLOR C					
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1st MOORE CR2E037 (10/04)					
City & State		City & State		4. FEI Number					
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent					
	-	m-	Name	an in the same control of					
301	IRER, GREGG E. PINE STREET		Street Add	ress (P.O. Box Number is Not Acceptable)					
	E 1400 LANDO FL 32802								
One	54NDO 1 E 32002		City	FL Zip Code					
	named entity submits this statement for tions of registered agent.	the purpose of changing its rec	gistered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and acc	ept				
SIGNATURE	Signature, typed or printed name of registered agent is	and tille d conheable (NI/TE-Da	gstered Agent signature	required when reinstating) DATE					
Contracting and a state of the con-	Signature, typed or printed name or registared agent is	. 3992000	SOSTERED AGENT SIGNATURE	equipo with relisianty)	W. 1385				
	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campa Trust Fund Con	• • –	Nosco de la constanta de la co					
10.	Due By May 1, 2005 OFFICERS AND DIE	Trust Fund Con	tribution.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
10.	Due By May 1, 2005	Trust Fund Con	11.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ☐ Add	dition				
10.	Due: By: May: 1, 2005 OFFICERS AND DIF	Trust Fund Con	11. TITLE NAME STREET ADDRESS	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Added to Fees Florida Department of State Added to	dition				
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10. HITLE NAME STREET ADDRESS CHY-ST-ZIP HITLE NAME	Due: By May 1; 2005 OFFICERS AND DIE PD SABETI, MAX 128 EAST COLONIAL DRIVE ORLANDO FL 32801 VPD BERGIN, KIMBERLY	Trust Fund Con	11. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Max Sabeti 38 East Colonial Drive Orlando, Florida 39801 Carried Added to Fees Florida 39801					
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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.

CITY-ST-ZIP

CITY-ST-ZIP

ORLANDO FL 32805

SIGNATURE: Kimberly Bergin A SIGNATURE SIGNATURE AND PRED OR PRED TO MAKE OF SIGNATE OF THE SIGNATURE AND APPEAR O

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Kimberly Bergin

SIGNATURE AND TYPED OR ARENTED NAME OF SKINNING OFFICER OR DIRECTOR

ATTACHMENT

DOCLI		# NO4005			45 THE	Pilos.	ALI P		IA 1		,
DOCUMENT # N31825 1. Entity Name											
HOUSING AND NEIGHBORHOOD DEVELOPMENT SERVICES OF CENTRAL FLORIDA, INC.										,	
Principal Place of Business Mailing			Mailing Address	failing Address							
6900 S. ORANGE BLOSSOM TRAIL SUITE 300 ORLANDO FL 32809 US		6900 S. ORANGE BLOSSOM TRAIL SUITE 300 ORLANDO FL 32809 US				PHO	14K	5	Latin		
2. Principal Place of Business			3. Mailing Address				* 1990adi - / _ liften selli	Halles & Sand San	·		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/04)						
City & State			City & State			4. FEI Number 59-2	951883			lied For Applicable	
Zip		Country	Zip	Cou	intry		5. Certificate of Status	Desired [Additi quired	onal
	6. Name a	and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent						
	יחבר "סַּהַבּי	óo -	<u>-</u>		Name		<u></u>				
LEHRER, GREGG 301 E. PINE STREET STE 1400				•	Street Address (P.O. Box Number is Not Acceptable)						
	ANDO FL	32802									
					City				FL Z	Code	
	named entity	submits this statement for the	ne purpose of changing its	registere	ed office or	r register	ed agent, or both, in the	State of Florida.	l am familiar	with, ar	nd accept
•	sono en regione	iod agent					_				
SIGNATURE .	Signature, typed or	r printed name of registered agent and	title if applicable. (NOTE	Registere	d Agent signati	benuper enu	when reinstating)	:	DATE		
	a la company		60 Art 9							**************************************	200
	DESCRIPTION AND DESCRIPTION OF NO	FEE IS \$61.25 May 1, 2005	9. Election Can Trust Fund C		_		\$5.00 May Be Added to Fees		heck Pay epartment		
			1.6		٠				nichte er er det Biografie		
10.	PD	OFFICERS AND DIRE		11.			ADDITIONS/CHANGES T	O OFFICERS A			17
TITLE NAME _	SABETI, MA	x	Delete	TITLE		But	ctor us C. Brook:	c	☐ Ch	ange	Addition
STREET ADDRESS	ſ	OLONIAL DRIVE		STRE	ET ADDRESS	519	Eartha Lane				i
CtTY-ST-ZIP	ORLANDO F	-L 32801		CITY	-ST-ZIP	0r /4	ando, Florida	32805			
TITLE NAME	VPD BERGIN, KII	MBFR! Y	☐ Delete	TITLE		8.	Acker		☐ Ch	anga	Addition
STREET ADDRESS	COO N. MARCHANIA AND CONTRACTOR CO.				STREET ADDRESS 954 South Orlando Avenue						
CITY-ST-ZIP	ORLANDO I	FL 32803		CITY	-ST-ZIP	Wir	iter Park, Flo	ridat 33	789		
TITLE	SEC		☐ Delete	TITLE		D	Kien		Ch		Addition
STREET ADDRESS	LAWS, KAT			-NAM	ET ADDRESS	-R-00-	Miller	Avenue S	suite is	00	
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NAME	RUBERT, MA	ARCOS ORANGE AVE ,MCO-11	21	NAM		John	ic Mac Wilson a South Rio	Grande A	Auenue	# 5	-ID4
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NAME	FEE, ROGE			NAM	E				_	-	_
STREET ADDRESS		(AVENUE, SUITE 400 RK FL 32789			ET ADDRESS						
CITY-ST-ZIP	D				-ST-ZIP	-					C Addition
TITLE NAME	CHARLES, N		☐ Delete	NAM						ange	☐ Addition
STREET ADDRESS	724 WEST E				ET ADDRESS		•	•			
CITY-ST-ZIP	ORLANDO F				-ST-ZIP	l				···	
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