

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31825

FILED
Apr 23, 2007
Secretary of State

Entity Name: HOUSING AND NEIGHBORHOOD DEVELOPMENT SERVICES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

6900 S. ORANGE BLOSSOM TRAIL
SUITE 300
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

6900 S. ORANGE BLOSSOM TRAIL
SUITE 300
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-2951883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEHRER, GREGG
301 E. PINE STREET
STE 1400
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUBERT, MARCOS
Address: 200 E. NEW ENGLAND AVENUE, SUITE 100
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: ACKER, RON
Address: 954 S. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: WILSON, JOHNNIE M
Address: 4222 S. RIO GRANDE AVE.
City-St-Zip: ORLANDO, FL 32839

Title: T () Delete
Name: BERGIN, KIMBERLY
Address: 800 N. MAGNOLIA AVENUE, SUITE 800
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: FEE, ROGER L
Address: 250 S. PARK AVENUE, SUITE 400
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: MILLER, ROBERT
Address: 201 S. ORANGE AVENUE, SUITE 1500
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUBERT, MARCOS
Address: 450 S. ORANGE AVENUE, SUITE 180
City-St-Zip: ORLANDO, FL 32801

Title: VP (X) Change () Addition
Name: DOWNS, CONNIE
Address: 2006 ALOMA AVENUE
City-St-Zip: WINTER PARK, FL 32892

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JILL MC REYNOLDS

ED

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date