

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006300

FILED  
Jan 25, 2007  
Secretary of State

Entity Name: HOUSING INDEPENDENCE, INC.

## Current Principal Place of Business:

5013 KNOLLWOOD PLACE  
TAMPA, FL 33617 US

## New Principal Place of Business:

## Current Mailing Address:

5013 KNOLLWOOD PLACE  
TAMPA, FL 33617 US

## New Mailing Address:

FEI Number: 59-3285857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OROSZ, BOB  
5013 KNOLLWOOD PLACE  
TAMPA, FL 33617 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: VD ( ) Delete  
Name: OLIVER, EDDIE  
Address: 5004 KNOLLWOOD PLACE  
City-St-Zip: TAMPA, FL 33617

Title: STD ( ) Delete  
Name: LANITIS, CHRIS  
Address: 2162 2ND AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: D ( ) Delete  
Name: SCHAIBLY, DEBI  
Address: 3153 TINA MARIE  
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: STD ( ) Delete  
Name: SLATER, JOANNE  
Address: 408 N BRYAN CR  
City-St-Zip: BRANDON, FL 33511

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STD (X) Change ( ) Addition  
Name: GONDREAU, DAVID  
Address: 301 EAST 121ST AVENUE  
City-St-Zip: TAMPA, FL 33612

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: DEBI SCHAIBLY

D

01/25/2007

Electronic Signature of Signing Officer or Director

Date