

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080584

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: HOMETOWN REALTY US GMAC REAL ESTATE, INC.

## Current Principal Place of Business:

215 CELEBRATION PLACE #190  
CELEBRATION, FL 34747

## New Principal Place of Business:

741 FRONT STREET  
SUITE 130  
CELEBRATION, FL 34747

## Current Mailing Address:

215 CELEBRATION PLACE #190  
CELEBRATION, FL 34747

## New Mailing Address:

PO BOX 470127  
CELEBRATION, FL 34747

FEI Number: 51-0443883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HABER, LAWRENCE H ESQ  
606 FRONT ST  
CELEBRATION, FL 347470171 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: SERVERINO, ROBERT E  
Address: 215 CELEBRATION AVE #190  
City-St-Zip: CELEBRATION, FL 34747

Title: PVD ( ) Delete  
Name: BUONCERVELLO, ANGELA M  
Address: 215 CELEBRATION AVE #190  
City-St-Zip: CELEBRATION, FL 34747

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition  
Name: SEVERINO, ROBERT E  
Address: PO BOX 470127  
City-St-Zip: CELEBRATION, FL 34747

Title: PVD (X) Change ( ) Addition  
Name: BUONCERVELLO, ANGELA M  
Address: PO BOX 470127  
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA M. BUONCERVELLO

PVD

04/30/2008

Electronic Signature of Signing Officer or Director

Date