

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708161

Entity Name: HOME BUILDERS AND CONTRACTORS ASSOCIATION OF BREVARD, INC.**FILED**
Mar 09, 2017
Secretary of State
CC7977222471**Current Principal Place of Business:**1500 W. EAU GALLIE BLVD.
STE. A-2
MELBOURNE, FL 32935**Current Mailing Address:**1500 W. EAU GALLIE BLVD.
STE A-2
MELBOURNE, FL 32935 US**FEI Number: 59-1448721****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MILLER, ERIN
1500 W. EAU GALLIE BLVD.
STE, A-2
MELBOURNE, FL 32935 US*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: ERIN MILLER****03/09/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PAST PRESIDENT
Name	LANCASTER, COREY
Address	1500 W. EAU GALLIE BLVD. STE A-2
City-State-Zip:	MELBOURNE FL 32935

Title	PRESIDENT
Name	MASLINE, MICHELLE
Address	1500 W. EAU GALLIE BLVD. STE. A-2
City-State-Zip:	MELBOURNE FL 32935

Title	SECRETARY
Name	WALKER, SUSAN
Address	1500 W. EAU GALLIE BLVD. STE. A-2
City-State-Zip:	MELBOURNE FL 32935

Title	BUILDER DIRECTOR
Name	MCDANIEL, KATHY
Address	1500 W. EAU GALLIE BLVD. STE. A-2
City-State-Zip:	MELBOURNE FL 32935

Title	TREASURER
Name	LOCKE, TERRY
Address	1500 W. EAU GALLIE BLVD. STE. A-2
City-State-Zip:	MELBOURNE FL 32935

Title	SECOND VICE PRESIDENT
Name	CARTAGENA-SPENCER, NATASHA
Address	1500 W. EAU GALLIE BLVD. STE. A-2
City-State-Zip:	MELBOURNE FL 32935

Title	BUILDER DIRECTOR
Name	SIMMS, DON
Address	1500 W. EAU GALLIE BLVD. STE. A-2
City-State-Zip:	MELBOURNE FL 32935

Title	ASSOCIATE DIRECTOR
Name	HAWKINS, BRIAN
Address	1500 W. EAU GALLIE BLVD. STE. A-2
City-State-Zip:	MELBOURNE FL 32935

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE CUMMINS**EXECUTIVE DIRECTOR****03/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSOCIATE DIRECTOR
Name CANINA, CRYSTAL
Address 1500 W. EAU GALLIE BLVD.
 STE. A-2
City-State-Zip: MELBOURNE FL 32935

Title SENIOR LIFE DIRECTOR
Name JOYAL, PAUL
Address 1500 W. EAU GALLIE BLVD.
 STE. A-2
City-State-Zip: MELBOURNE FL 32935

Title ASSOCIATE DIRECTOR
Name ANDREWS, TARA
Address 1500 W. EAU GALLIE BLVD.
 STE. A-2
City-State-Zip: MELBOURNE FL 32935

Title EXECUTIVE DIRECTOR
Name CUMMINS, SUZANNE
Address 1500 W. EAU GALLIE BLVD.
 STE. A-2
City-State-Zip: MELBOURNE FL 32935