2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2020
Secretary of State
0889321521CC

DOCUMENT# N06000002753

Entity Name: HOMEOWNERSHIP FOR ALL, INC.

Current Principal Place of Business:

7025 AUGUSTA NATIONAL DRIVE
ORLANDO, FL 32822-5017

Current Mailing Address:

P O BOX 725025
ORLANDO, FL 32872-5025 US

FEI Number: 45-3721882

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATKINS, JUANA
7025 AUGUSTA NATIONAL DRIVE
ORLANDO, FL 32822-5017 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: JUANA WATKINS 05/11/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN
Name	MIKE , JOHN J.
Address	8439 GARGILL POINT
City-State-Zip:	WEST PALM BEACH FL 33411

Title	TRUSTEE
Name	DOOLEY, MICHAEL A.
Address	P.O. BOX 1166
City-State-Zip:	HOBE SOUND FL 33475

Title	TRUSTEE
Name	FIORETTI, BRENDA C
Address	1683 PERSIMMON DRIVE
City-State-Zip:	NAPLES FL 34109

Title	TRUSTEE
Name	GIBES, JOHN T
Address	11240 REVEILLE ROAD
City-State-Zip:	COOPER CITY FL 33026

Title	TRUSTEE
Name	CHOY, PHYLLIS
Address	107 WATERBRIDGE LANE
City-State-Zip:	JUPITER FL 33458

Title	TRUSTEE
Name	FERNANDEZ, SANDRA
Address	5420 SW 161ST PLACE
City-State-Zip:	MIAMI FL 33185

Title	TRUSTEE
Name	LOPEZ, VILMA
Address	5360 VOLUNTEER ROAD
City-State-Zip:	DAVIE FL 33330

Title	TRUSTEE
Name	HYDE , KEVIN B
Address	PO BOX 44
City-State-Zip:	BOCA GRANDE FL 33921

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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: MARGY GRANT PRESIDENT 05/11/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TRUSTEE
Name	MONROE, BRAD
Address	6810 EAST HILLSBOROUGH AVENUE
City-State-Zip:	TAMPA FL 33610

Title	TRUSTEE
Name	VOSS, SHARON P
Address	1040 ABERNATHY LANE SUITE 114
City-State-Zip:	FOREST CITY FL 32703

Title	PRESIDENT
Name	GRANT, MARGY
Address	PO BOX 725025
City-State-Zip:	ORLANDO FL 32872-5025

Title	TRUSTEE
Name	RIVERA, PETER
Address	24303 RIVERFRONT DRIVE
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	TREASURER
Name	GARRISON, DAVID
Address	7025 AUGUSTA NATIONAL DRIVE
City-State-Zip:	ORLANDO FL 32822-5017