

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

01/31/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title TRUSTEE
Name FERNANDEZ, SANDRA
Address 4487 S.W 7 ST
City-State-Zip: CORAL GABLES FL 33134

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

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

Title TRUSTEE
Name MONROE, BRAD
Address 509 SOUTH 57TH STREET
City-State-Zip: TAMPA FL 33619

Title TRUSTEE
Name VOSS, SHARON P
Address 342 CASA GRANDE DRIVE
City-State-Zip: WINTER SPRINGS FL 32708

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

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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

CEO

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title TRUSTEE
Name MEADOWS, SHERRY L
Address PO BOX 3958
City-State-Zip: Ocala FL 34478

Title TRUSTEE
Name LEE, MICHAEL D.
Address 4895 PLANTERS RIDGE
City-State-Zip: TALLAHASSEE FL 32311

Title TRUSTEE
Name GALAVIS, DIANA
Address 4540 SOUTHSIDE BOULEVARD
 SUITE 1
City-State-Zip: JACKSONVILLE FL 32216

Title CHAIRMAN
Name CALDWELL , ROBERT W.
Address 2941 W STATE ROAD 434
 #100
City-State-Zip: LONGWOOD FL 32779