2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2022
Secretary of State
1135389290CC

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 04/21/2022

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

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

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

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

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 04/21/2022

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