

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N21000013106

**Entity Name:** THE HOUSING ALLIANCE, INC.

**Current Principal Place of Business:**

3200 BAILEY LANE, SUITE #109  
NAPLES, FL 34105

**Current Mailing Address:**

3200 BAILEY LANE, SUITE #109  
NAPLES, FL 34105 US

**FEI Number:** 87-3559688

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PUCHALLA, MICHAEL  
3200 BAILEY LANE, SUITE #109  
NAPLES, FL 34105 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CHAIR  
Name HRUBY, STEPHEN  
Address 3200 BAILEY LANE, SUITE #109  
City-State-Zip: NAPLES FL 34105

Title VICE CHAIR  
Name DIEGEL, MARY JO  
Address 3200 BAILEY LANE, SUITE #109  
City-State-Zip: NAPLES FL 34105

Title TREASURER  
Name SABIN, TODD  
Address 3200 BAILEY LANE, SUITE #109  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name BUZZACCO-FOERSTER, JENNA  
Address 3200 BAILEY LANE, SUITE #109  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name ELLIS, DAVID  
Address 3200 BAILEY LANE, SUITE #109  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name MCLEOD, MICHELLE  
Address 3200 BAILEY LANE, SUITE #109  
City-State-Zip: NAPLES FL 34105

Title SECRETARY  
Name VALENTI SMITH, CYNTHIA  
Address 3200 BAILEY LANE, SUITE #109  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name MURPHY, SEAN  
Address 3200 BAILEY LANE, SUITE #109  
City-State-Zip: NAPLES FL 34105

**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:** MICHAEL PUCHALLA

CEO/EXECUTIVE  
DIRECTOR

06/06/2024

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           FEDORKO, TARA  
Address        3200 BAILEY LANE, SUITE #109  
City-State-Zip: NAPLES FL 34105

Title           CFO  
Name           WELLS, AURORA  
Address        3200 BAILEY LANE, SUITE #109  
City-State-Zip: NAPLES FL 34105

Title           CEO  
Name           PUCHALLA, MICHAEL  
Address        3200 BAILEY LANE, SUITE #109  
City-State-Zip: NAPLES FL 34105