

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31825

**FILED**  
**Apr 05, 2018**  
**Secretary of State**  
**CC5547410050**

**Entity Name:** HOUSING AND NEIGHBORHOOD DEVELOPMENT SERVICES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1707 ORLANDO CENTRAL PARKWAY  
SUITE 350  
ORLANDO, FL 32809

**Current Mailing Address:**

1707 ORLANDO CENTRAL PARKWAY  
SUITE 350  
ORLANDO, FL 32809 US

**FEI Number: 59-2951883**

**Certificate of Status Desired: Yes**

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

LEHRER, GREGG  
301 E. PINE STREET  
STE 1400  
ORLANDO, FL 32802 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 DIRECTOR  
Name STUART, JEFF  
Address 1 DRENNAN ROAD  
City-State-Zip: ORLANDO FL 32806

Title T  
Name SMITH, GERALD A  
Address 350 PINE STREET, SUITE 200  
City-State-Zip: ORLANDO FL 32801

Title S  
Name SMITH, GERALD A  
Address 350 PINE STREET, SUITE 200  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name SERRANO, EVIE  
Address 2001 SUMMIT PARK DRIVE  
City-State-Zip: MAITLAND FL 32810

Title DIRECTOR  
Name BIGGERS, ROBERT  
Address P.O. BOX 618324  
City-State-Zip: ORLANDO FL 32861

Title PRESIDENT  
Name HERNANDEZ, MARGARITA  
Address 1707 ORLANDO CENTRAL PARKWAY SUITE 350  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR  
Name ELLIOT, FRANKIE  
Address 1707 ORLANDO CENTRAL PARKWAY SUITE 350  
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR  
Name TAUTIVA, ARMANDO  
Address 1707 ORLANDO CENTRAL PARKWAY SUITE 350  
City-State-Zip: ORLANDO FL 32809

*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: MARGARITA HERNANDEZ**

**PRESIDENT**

**04/05/2018**

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

\_\_\_\_\_  
Date