2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 09, 2007 08:00 AM **DOCUMENT # 643688 Secretary of State** HOMES AND LAND OF GREATER ORLANDO, INC. Principal Place of Business Mailing Address POST OFFICE BOX 6789 WINTER SPRINGS FL 32708 **578 DUNMAR CIRCLE** WINTER SPRINGS FL 32708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (10/06) 1st MOORE City & State Applied For City & State 4, FEI Number 59-1947138 Not Applicable Zip Country Country Zin \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NACHBAR, ART M Street Address (P.O. Box Number is Not Acceptable) **578 DUNMAR CIRCLE** WINTER SPRINGS FL 32708 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, IIILE Delete TITLE Change NACHBAR, ART M NAME NAME 578 DUNMAR CIRCLE STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP City-ST-ZIP TITLE Delete ☐ Change ☐ Addition NACHBAR, GLORIA J NAME NAME **578 DUNMAR CIRCLE** STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP Addition ☐ Delete THU: Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receivor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND REFERENCE DESIGNATION OF SIGNATURE OF SIGNATURE