2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 13, 2008 08:00 AN **DOCUMENT # 643688** 1. Entity Name **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. 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For City & State City & State 59-1947138 Not Applicable Z_{ip} Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 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. Signature, typed or proceed names of registered agent and the if supplicable. (NOTE: Registered Agent eigenture required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Derete TITLE Change Addition TITLE U00000825799 NACHBAR, ART M NAME 02/21/08-80025-006 150.00 STREET ADDRESS STREET ADDRESS 578 DUNMAR CIRCLE WINTER SPRINGS FL 32708 CITY - ST- 789 CITY - ST- ZIP ☐ Change TITLE STD ☐ De⊦ele TITLE Addition NAME NACHBAR, GLORIA J NAME STREET ADDRESS STREET ADDRESS 578 DUNMAR CIRCLE CITY - ST - ZIP WINTER SPRINGS FL 32708 CITY-ST-7IP Addition | TITLE ☐ Derete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAM? NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change ☐ Addition ☐ Derete THEF TITLE NAME MaM: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Deiete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. 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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR