

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708161

FILED  
Apr 09, 2010  
Secretary of State

**Entity Name:** HOME BUILDERS AND CONTRACTORS ASSOCIATION OF BREVARD, INC.

**Current Principal Place of Business:**

1500 W. EAU GALLIE BLVD.  
STE. A  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

1500 W. EAU GALLIE BLVD.  
STE A  
MELBOURNE, FL 32935 US

**New Mailing Address:**

**FEI Number:** 59-1448721      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KAISER, FRANCK H  
1500 W. EAU GALLIE BLVD.  
MELBOURNE, FL 32935 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: KAISER, FRANCK H  
Address: 1500 W. EAU GALLIE BLVD., SUITE A  
City-St-Zip: MELBOURNE, FL 32935

Title: PD  
Name: FRANZ, TOM  
Address: 1500 W EAU GALLIE BLVD  
City-St-Zip: MELBOURNE, FL 32935

Title: VD  
Name: FOLEY, DAVID  
Address: 1500 W EAU GALLIE BLVD  
City-St-Zip: MELBOURNE, FL 32935

Title: TD  
Name: CRAGG, ANITA  
Address: 1500 W EAU GALLIE BLVD  
City-St-Zip: MELBOURNE, FL 32935

Title: SD  
Name: WILLIAMS, KEITH  
Address: 1500 W EAU GALLIE BLVD  
City-St-Zip: MELBOURNE, FL 32935

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: FRANCK KAISER

CEO

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date