FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:29

DOCUMENT # 710446 (6)

1. Corporation Name
THE HOME ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1203-22ND AVENUE TAMPA FL 33605	1203-22ND AVENUE TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1966
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-0624427 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LOVELL, BARBARA G.
404 BELLE CLAIRE AVENUE
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

81 Name: Fred C. Austin
82 Street Address (P.O. Box Number is Not Acceptable): 7343 Song Bird Drive
83: New Port Richey, FL 34655
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Fred C. Austin, Administrator 3/8/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	1.1 TITLE	☒ Change ☐ Addition
NAME	RIEF III, MRS. FRANK J.	1.2 NAME	
STREET ADDRESS	3318 JEAN CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	Director & President	2.1 TITLE	☐ Change ☐ Addition
NAME	MCLAUCHLIN JR., MRS. JAM	2.2 NAME	
STREET ADDRESS	1502 SHERIDAN FORREST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	Director	3.1 TITLE	☒ Change ☐ Addition
NAME	GERWE, MICHAEL	3.2 NAME	
STREET ADDRESS	4925 LYFORD CAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	Director & Treasurer	4.1 TITLE	Director & Vice President ☐ Change ☒ Addition
NAME	WOLFE, JOHN M	4.2 NAME	Lesley Dobbins
STREET ADDRESS	240 PLANT AVE., S-A100	4.3 STREET ADDRESS	9913 Riverview Drive
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Riverview, FL 33569
TITLE		5.1 TITLE	Director & Asst Treasurer ☐ Change ☒ Addition
NAME		5.2 NAME	Joanne Baldy
STREET ADDRESS		5.3 STREET ADDRESS	4413 Beach Park Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, Florida 33609
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/24/95 813 286-0805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003820