

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 710446 (6)

1. Corporation Name

THE HOME ASSOCIATION, INC.

Principal Place of Business

1203-22ND AVENUE
TAMPA FL 33605

Mailing Address

1203-22ND AVENUE
TAMPA FL 33605



3. Date Incorporated or Qualified
02/22/1966

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUSTIN, FRED C
7343 SONG BIRD DRIVE
NEW PORT RICHEY FL 34855

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RIEF III, MRS. FRANK J.
STREET ADDRESS 3318 JEAN CIRCLE
CITY - ST - ZIP TAMPA, FL 00000 ☒ DELETE

TITLE DP
NAME MCLAUCHLIN JR., MRS. JAM
STREET ADDRESS 1502 SHERIDAN FORREST DR
CITY - ST - ZIP TAMPA, FL 00000 ☒ DELETE

TITLE D
NAME GERWE, MICHAEL
STREET ADDRESS 4925 LYFORD CAY
CITY - ST - ZIP TAMPA FL ☒ DELETE

TITLE DT
NAME WOLFE, JOHN M
STREET ADDRESS 240 PLANT AVE., S-A100
CITY - ST - ZIP TAMPA FL ☐ DELETE

TITLE DVP
NAME DOBBINS, LESLEY
STREET ADDRESS 9913 RIVERVIEW DRIVE
CITY - ST - ZIP RIVERVIEW FL ☒ DELETE

TITLE DAST
NAME BALDY, JOANNE
STREET ADDRESS 4413 BEACH PARK DRIVE
CITY - ST - ZIP TAMPA FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME 100001866521
13 STREET ADDRESS -06/19/96--01030--039
14 CITY - ST - ZIP ***61.25

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE DAST
32 NAME Leisner, Susan
33 STREET ADDRESS 10125 White Trout Ln.
34 CITY - ST - ZIP Tampa, Florida 33618 ☐ Change ☒ Addition

41 TITLE DT
42 NAME Wolfe, Patricia
43 STREET ADDRESS 333 Plant Avenue
44 CITY - ST - ZIP Tampa, Florida 33606 ☒ Change ☐ Addition

51 TITLE DS
52 NAME Rumple, Elaine
53 STREET ADDRESS 2927 Wallcraft Avenue
54 CITY - ST - ZIP Tampa, Florida 33611 ☐ Change ☒ Addition

61 TITLE DP
62 NAME Baldy, Joanne
63 STREET ADDRESS 4413 Beach Park Dr.
64 CITY - ST - ZIP Tampa, Florida 33609 ☒ Change ☐ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (813) 229-6901

Date Daytime Phone #

CR2E037 (12/95)