

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -5 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710446					
1. Entity Name THE HOME ASSOCIATION, INC.					
Principal Place of Business 1103 22ND AVENUE TAMPA, FL 33605			Mailing Address 1203 22ND AVENUE TAMPA, FL 33605		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0624427	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DI LMAN, KIRSTEN 1103 S. WARE BLVD. SUITE 1100 TAMPA, FL 33619				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
I, the above named entity submit 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 printed name of registered agent and Florida applicable. (NOTE: Registered Agent signature required when changing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T/O	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	WALLER, SUSAN		NAME	Treasurer	
STREET ADDRESS	3333 W KENNEDY BLVD STE 204		STREET ADDRESS	Judy Munson	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	101 E. Kennedy Blvd, #1465	
TITLE	S/O	☐ Delete	TITLE	Secretary	
NAME	MUNSON, JUDY SECRETA		NAME	Dr. Josie Overcash	
STREET ADDRESS	51 MARTINIQUE AVE.		STREET ADDRESS	12901 Bruce B. Downs Blvd.	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33612	
TITLE	P/O	☐ Delete	TITLE	Roberta Curry - V. Pres	
NAME	LEISNER, SUSAN PRESIDE		NAME	5201 W Kennedy Blvd	
STREET ADDRESS	10125 WHITE TROUT LANE		STREET ADDRESS	Tampa, FL 33609	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <u>Susan W. Leisner</u>			Date: <u>May 1, 2005</u> (813) 935-7241		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					