

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710446

FILED
Jan 12, 2009
Secretary of State

Entity Name: THE HOME ASSOCIATION, INC.

Current Principal Place of Business:

1203-22ND AVENUE
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

1203-22ND AVENUE
TAMPA, FL 33605 US

New Mailing Address:

FEI Number: 59-0624427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ULLMAN, KIRSTEN
3812 COCONUT PALM DRIVE - SUITE 200
TAMPA, FL 33619 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: T () Delete
Name: CARRINGTON, LUELLA B MS.
Address: 1615 33RD AVE
City-St-Zip: TAMPA, FL 33610 US

Title: PD () Delete
Name: LEISNER, SUSAN MS.
Address: 10125 WHITE TROUT LANE
City-St-Zip: TAMPA, FL 33618 US

Title: V () Delete
Name: CURRY, ROBERTA MS
Address: 5201 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACQUELINE HURT

NHA

01/12/2009

Electronic Signature of Signing Officer or Director

Date