

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736915

FILED
Mar 30, 2010
Secretary of State

Entity Name: ARETE HOUSING CORPORATION

Current Principal Place of Business:

13717 N. 42ND ST.
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

ARETE INC
30367 USF HOLLY DRIVE
TAMPA, FL 33620 US

New Mailing Address:

FEI Number: 23-7127762 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WRIGHT, ALBERT M III
11347 REGAL SQUARE DRIVE
TAMPA, FL 33617 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: MR.
Name: PELLERIN, EDWARD A PRESIDE
Address: 2200 N. WESTSHORE BLVD.
City-St-Zip: TAMPA, FL 33607 US

Title: VP
Name: OVERMAN, THOMAS H VICE PR
Address: 19802 DEER HOLLOW LANE
City-St-Zip: LUTZ, FL 33548 US

Title: MR
Name: WRIGHT, ALBERT M TREASUE
Address: 11347 REGAL SQUARE DRIVE
City-St-Zip: TAMPA, FL 33617 US

Title: MR
Name: INTRAVIA, JONATHAN SECRETA
Address: 20158 BAY CEDAR AVE
City-St-Zip: TAMPA, FL 33647 US

Title: MR
Name: HENNESSEE, DAVID S VP ALUM
Address: 16710 SHEFFIELD PARK DRIVE
City-St-Zip: LUTZ, FL 33549 US

Title: DAL
Name: DAVIS, DICKEY P
Address: 10513 LAKE WILLIAMS DRIVE
City-St-Zip: ODESSA, FL 33556 US

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: ALBERT M. WRIGHT

TREA

03/30/2010

Electronic Signature of Signing Officer or Director

_____ Date