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FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000004589 (5)
1. Corporation Name

HOUSING SOURCES, INC.

Principal Place of Business

Mailing Address

900 1 LINCOLN CENTER
SYRACUSE NY 13202

900 1 LINCOLN CENTER
SYRACUSE NY 13202



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/06/1996

3a. Date of Last Report

4. FEI Number

~~15-1505504~~ 16-1505504

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

10. Name and Address of New Registered Agent

LIFESTYLES DEVELOPMENT CO.
1338 VICKERS DR.
TALLAHASSEE FL 32303

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME YATES, SANDRA
STREET ADDRESS 1338 VICKERS DR.
CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ DELETE

TITLE VS
NAME PLATT, SUSAN
STREET ADDRESS 1338 VICKERS DR.
CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE PRESIDENT, D
1.2 NAME SCISCIOLI, VITO J.
1.3 STREET ADDRESS 233 EAST WASHINGTON STREET - ROOM 219
1.4 CITY-ST-ZIP SYRACUSE NY 13202 ☒ Change ☐ Addition

2.1 TITLE VICE PRESIDENT
2.2 NAME BARRY, ANGELA M.
2.3 STREET ADDRESS 900 ONE LINCOLN CENTER
2.4 CITY-ST-ZIP SYRACUSE NY 13202 ☒ Change ☐ Addition

3.1 TITLE TREASURER, D
3.2 NAME GROSS, STEPHEN P.
3.3 STREET ADDRESS 201 EAST WASHINGTON STREET - ROOM 602
3.4 CITY-ST-ZIP SYRACUSE NY 13202 ☒ Change ☐ Addition

4.1 TITLE SECRETARY, D
4.2 NAME CRAIG, KENYON M.
4.3 STREET ADDRESS 1201 EAST FAYETTE STREET
4.4 CITY-ST-ZIP SYRACUSE NY 13210-1923 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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.

CR2E037 (9/96)