

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003284

FILED
Apr 11, 2006
Secretary of State

Entity Name: HOMEWARD DEVELOPMENT CORPORATION

Current Principal Place of Business:

311 PARK PLACE BLVD.
SUITE 190
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

311 PARK PLACE BLVD.
SUITE 190
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 31-1785354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: P () Delete
Name: BEGHTOL, PEGGY
Address: 311 PARK PLACE, BLVD., STE 225
City-St-Zip: CLEARWATER, FL 33759

Title: STD () Delete
Name: LANE, STEVE
Address: 10707 CLAY ROAD
City-St-Zip: HOUSTON, TX 77041

Title: D () Delete
Name: PETTY, JAMES
Address: 311 PARK PLACE BLVD STE 500
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: MCCAIN, DAVID
Address: 700 NW 107TH AVE
City-St-Zip: MIAMI, FL 33172

Title: AS (X) Delete
Name: HARGREAVES, MARY M
Address: 311 PARK PLACE BLVD STE 500
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MCCAIN, DAVID
Address: 700 NW 107TH AVENUE
City-St-Zip: MIAMI, FL 33172

Title: AS (X) Change () Addition
Name: HARGREAVES, MARY M
Address: 311 PARK PLACE BLVD STE 500
City-St-Zip: CLEARWATER, FL 33759

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN E. LANE

D

04/11/2006

Electronic Signature of Signing Officer or Director

Date