

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000003520

1. Entity Name

AMERICAN DREAM HOMEOWNERSHIP, CORP.



Principal Place of Business

2604 N.W. 53 DRIVE
BOCA RATON, FL 33496

Mailing Address

2604 N.W. 53 DRIVE
BOCA RATON, FL 33496



01222006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ISAACS, ARTHUR
2604 N.W. 53 DRIVE
BOCA RATON, FL 33496

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	EXD
NAME	ISAACS, ARTHUR
STREET ADDRESS	2604 N.W. 53 DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	LANGFORD, CAROL E
STREET ADDRESS	1438 W. LANTANA ROAD
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D
NAME	ISAACS, DOROTHY
STREET ADDRESS	2604 N.W. 53 DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80026-013 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Arthur Isaacs **ARTHUR ISAACS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06 - 954-571-8838
Daytime Phone #