

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006536

FILED
Feb 05, 2009
Secretary of State

Entity Name: HUMAN SERVICES ASSOCIATES PROPERTY CORPORATION

Current Principal Place of Business:

1703 W. COLONIAL DR.
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1703 W. COLONIAL DR.
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3746431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCISCO, FRANK B
1703 W. COLONIAL DR.
ORLANDO, FL 32804 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: D () Delete
Name: MCGARRY, NEAL
Address: 1104 MANGO ISLE
City-St-Zip: FT LAUDERDALE, FL 33315

Title: T/S () Delete
Name: BEHNKE, JOE
Address: 14036 MARINE DR.
City-St-Zip: ORLANDO, FL 32832

Title: D () Delete
Name: CLARK, TERRI
Address: 926 N. MILLS AVE.
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: FRANCISCO, FRANK
Address: 470 MANOR ROAD
City-St-Zip: MAITLAND, FL 32751

Title: C () Delete
Name: LARRINAGA, JOE
Address: 5501 HARBORSIDE DR.
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: COPELAND, TOM
Address: 1349 BALD EAGLE
City-St-Zip: GREENVILLE, FL 32331

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:

Title: () Change () Addition
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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: FRANK B. FRANCISCO

D

02/05/2009

Electronic Signature of Signing Officer or Director

Date