

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010748

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** HOUSING FOUNDATION OF AMERICA, INC.

**Current Principal Place of Business:**

2400 N UNIVERSITY DRIVE  
SUITE 200  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

2400 N UNIVERSITY DRIVE  
SUITE 200  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 20-3852230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KONG-HOLNESS, MARIA  
2400 N UNIVERSITY DRIVE  
SUITE 200  
PEMBROKE PINES, FL 33024 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: PS ( ) Delete  
Name: KONG-HOLNESS, MARIA  
Address: 2400 N UNIEVERSTY DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete  
Name: ROGERS, HAZEL  
Address: 2769 NW 36 AVENUE  
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: D ( ) Delete  
Name: BISHOP, CHESTER  
Address: 2400 N. UNIVERSITY DRIVE STE 200  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete  
Name: BROWN, WINSTON  
Address: 4807 COCONUT CREEK PARKWAY  
City-St-Zip: COCONUT CREEK, FL 33063

**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  
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: MARIA KONG-HOLNESS

PS

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date