



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90040 030 ****61.25

DOCUMENT # N06000002753 1. Entity Name HOMEOWNERSHIP FOR ALL, INC.					
Principal Place of Business 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822				Mailing Address 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="text-align: center; font-weight: bold;">20-5021835</div> <div style="text-align: right; font-size: small;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<div style="text-align: right; font-weight: bold;">\$8.75 Additional Fee Required</div>	
6. Name and Address of Current Registered Agent FRIDLINGTON, JOHN 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822				7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;"> Name Street Address (P.O. Box Number is Not Acceptable) City </div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> <div style="text-align: right; font-size: small;">Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
<div style="font-size: x-small;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </div>	<div style="font-size: x-small;"> DP DOOLEY, MICHAEL A 9148 S.E. BRIDGE ROAD HOBE SOUND, FL 33455 </div> <div style="text-align: right; font-size: x-small;"> <input checked="" type="checkbox"/> Delete </div>		<div style="font-size: x-small;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </div>	<div style="font-size: x-small;"> P/D Nancy J. Riley 3401 4th Street North St. Petersburg FL 33704 </div> <div style="text-align: right; font-size: x-small;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
<div style="font-size: x-small;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </div>	<div style="font-size: x-small;"> D RILEY, NANCY J 3401 4TH STREET NORTH ST. PETERSBURG, FL 33704 </div> <div style="text-align: right; font-size: x-small;"> <input type="checkbox"/> Delete </div>		<div style="font-size: x-small;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </div>	<div style="font-size: x-small;"> D Charles J. Bonfiglio, Sr. 9710 Stirling Road Cooper City FL 33024 </div> <div style="text-align: right; font-size: x-small;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
<div style="font-size: x-small;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </div>	<div style="font-size: x-small;"> D FRIDLINGTON, JOHN 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822 </div> <div style="text-align: right; font-size: x-small;"> <input type="checkbox"/> Delete </div>		<div style="font-size: x-small;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </div>	<div style="font-size: x-small;"> [Empty] </div> <div style="text-align: right; font-size: x-small;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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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: 		David B. Garrison		4/30/07	407.438.1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	