

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007613

FILED
Apr 22, 2009
Secretary of State

Entity Name: HOUSING OPPORTUNITIES, INC.

Current Principal Place of Business:

11939 N.W. STATE ROAD 20
BRISTOL, FL 32321

New Principal Place of Business:

Current Mailing Address:

11939 N.W. STATE ROAD 20
BRISTOL, FL 32321

New Mailing Address:

FEI Number: 20-8501871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

READ, BENJIE
11939 N.W. STATE ROAD 20
BRISTOL, FL 32321 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: READ, DONNIE
Address: 11939 N.W. STATE ROAD 20
City-St-Zip: BRISTOL, FL 32321

Title: D () Delete
Name: READ, BENJIE
Address: 11939 N.W. STATE ROAD 20
City-St-Zip: BRISTOL, FL 32321

Title: D () Delete
Name: READ, TONY
Address: 11939 N.W. STATE ROAD 20
City-St-Zip: BRISTOL, FL 32321

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:

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: BENJIE READ

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date