FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 11:01

DOCUMENT # N93000005137 (5)

1. Corporation Name
HOMES FOR HILLSBOROUGH, INC.

Principal Place of Business	Mailing Address
2022 HEATHFIELD CIRCLE SUN CITY CENTER FL 33598	2022 HEATHFIELD CIRCLE SUN CITY CENTER FL 33598

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3211393 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DUKE, DOROTHY
2022 HEATHFIELD CIRCLE
SUN CITY CENTER FL ~~33598~~ 33573 correction!

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	~~CRUZ, MATIAS~~ x	12 NAME	Cruz, Francisco
STREET ADDRESS	PO BOX 1415 N/A	13 STREET ADDRESS	P. O. Box 1415
CITY-ST-ZIP	WIMAUMA FL 33598	14 CITY-ST-ZIP	Wimauma, FL 33598
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DUKE, DOROTHY	22 NAME	
STREET ADDRESS	2022 HEATHFIELD CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	Director ☒ Change ☐ Addition
NAME	~~GOMES; FRANK~~ x	32 NAME	Condorousis, Nicholas
STREET ADDRESS	715 ELKHORN ROAD	33 STREET ADDRESS	P. O. Box 5698
CITY-ST-ZIP	SUN CITY CENTER FL 33573	34 CITY-ST-ZIP	Sun City Center, FL 33571
TITLE	D	41 TITLE	Director ☐ Change ☐ Addition
NAME	~~JACKSON; HAZEL~~ x	42 NAME	Proctor, Mark
STREET ADDRESS	PO BOX 54 N/A	43 STREET ADDRESS	409 Kings Ave, S.
CITY-ST-ZIP	WIMAUMA FL 33598	44 CITY-ST-ZIP	Brandon, FL 33511
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TUTLE, JACQUELINE S	52 NAME	
STREET ADDRESS	1525 RICKENBACKER DR	53 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	Director ☐ Change ☒ Addition
NAME		62 NAME	Anderson, Rita
STREET ADDRESS		63 STREET ADDRESS	2127 Meadowlark Rd.;
CITY-ST-ZIP		64 CITY-ST-ZIP	Sun City Center, FL 33573

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Dorothy S. Duke 5/22/95 813-634-7867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000046