

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
11/08/1993

3a. Date of Last Report
05/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3211393

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUKE, DOROTHY
2022 HEATHFIELD CIRCLE
SUN CITY CENTER FL 33573

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

CRUZ, FRANCISCO
PO BOX 1415 N/A
WIMAUMA FL

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

DUKE, DOROTHY
2022 HEATHFIELD CIRCLE
SUN CITY CENTER FL 33573

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

CONDOROUSIS, NICHOLAS
P.O. BOX 5698 N/A
SUN CITY CENTER FL

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

PROCTOR, MARK
409 KINGS AVE.
BRANDON FL

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

TUTTLE, JACQUELINE S
1525 RICKENBACKER DR
SUN CITY CENTER FL

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

ANDERSON, RITA
2127 MEADOWLARK RD.
SUN CITY CENTER FL

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE

SD

EVAN L. JORN

☐ Change ☒ Addition

1.2 NAME

18240 S. Hwy 301 - PO Box 860
WIMAUMA, FL 33598

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

PD

Duke, Dorothy
2022 Heathfield Circle
Sun City Center, FL 33573

☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

D

PROCTOR, MARK
409 Kings Ave.
Brandon, FL 33511

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

D

TUTTLE, JACQUELINE
1525 Rickenbacker Dr.
Sun City Center, FL 33573

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

EVAN L. JORN

4/25/96

813-633-1548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)