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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 33573	2022 HEATHFIELD CIRCLE SUN CITY CENTER FL 33573-7304

3. Date Incorporated or Qualified: 11/08/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 201 14th Avenue SE
22 Suite, Apt. #, etc.
23 City & State: Ruskin, FL 33570
24 Zip: 33570 25 Country: US

2a. Mailing Address
26 P.O. Box 771
27 Suite, Apt. #, etc.
28 City & State: Ruskin, FL 33570
29 Zip: 33570 30 Country: US

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

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

9. Name and Address of Current Registered Agent

DUKE, DOROTHY
2022 HEATHFIELD CIRCLE
SUN CITY CENTER FL 33573

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 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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JJORN, EVAN L. 18240 S. HWY 301-PO BOX 860 WIMAUMA FL 33598	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SDT Jorn, Evan L. 18240 S. Hwy 301 -- P.O. Box 860 Wimauma, FL 33598	☐ Change XX ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUKE, DOROTHY 2022 HEATHFIELD CIRCLE SUN CITY CENTER FL 33573	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Cruz, Matias N/A P.O. Box 77151 Tampa, FL 33675	☐ Change ☐ Addition XX
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONDOROUSIS, NICHOLAS P.O. BOX 5698 N/A SUN CITY CENTER FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Jackson, Hazel P.O. Box 54 N/A Wimauma, FL 33598	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PROCTOR, MARK 409 KINGS AVE. BRANDON FL 33511	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUTTLE, JACQUELINE S 1525 RICKENBACKER DR SUN CITY CENTER FL 33573	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, RITA 2127 MEADOWLARK RD. SUN CITY CENTER FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Dorothy Duke 1/17/97 813-634-7867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046479