FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Feb 27 1998 8:00am
Secretary of State

DOCUMENT # N93000005137 (5)

1. Corporation Name

HOMES FOR HILLSBOROUGH, INC.

Principal Place of Business	Mailing Address
201 14TH AVE SE RUSKIN FL 33570 US	PO BOX 771 RUSKIN FL 33570 US

3. Date Incorporated or Qualified: 11/08/1993
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 201 14th Ave SE	26 PO Box 771
Suite, Apt. #, etc. 22 Ruskin Fl 33570	Suite, Apt. #, etc. 27
City & State 23 33570 Hillsborough	City & State 28 Ruskin Fl
Zip 24 / Country 25	Zip 29 33570 / Country 30 Hillsborough

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

CR2E037 (10/97)

14. I 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: [signature] Exec. Director 2/4/98 813-914-1990