

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005137

FILED
Jan 13, 2009
Secretary of State

Entity Name: FLORIDA HOME PARTNERSHIP, INC.

Current Principal Place of Business:

201 14TH AVE S.E.
SUITE H
RUSKIN, FL 33570 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 760
RUSKIN, FL 33575 US

New Mailing Address:

FEI Number: 59-3211393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOLDSTEIN, DAVID
3437 TOWN AVE.
NEW PORT RICHEY, FL 34655 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: P () Delete
Name: SHEA, DON
Address: 2027 DOCKSIDE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: FERNANDEZ, KIM
Address: 30949 STONE ARCH AVE.
City-St-Zip: WESLEY CHAPEL, FL 33545

Title: VP () Delete
Name: MCCOMB, MAC
Address: 2111 MEADOWLARK LANE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: S () Delete
Name: FRIDELLA, DENESE
Address: 108 WEST JERSEY AVE.
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: SCIONTI, JOE
Address: 4506 SHAMROCK ROAD
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: JACKSON, HAZEL
Address: 10311 SUMMERVIEW CIRCLE
City-St-Zip: RIVERVIEW, FL 33578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: SHEA, DON
Address: 2027 DOCKSIDE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: O (X) Change () Addition
Name: MCDOLE, FLOYD
Address: 4614 29TH STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: O (X) Change () Addition
Name: MCCOMB, MAC
Address: 2111 MEADOWLARK LANE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: O (X) Change () Addition
Name: FRIDELLA, DENESE
Address: 108 WEST JERSEY AVE.
City-St-Zip: BRANDON, FL 33510

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: DENESE FRIDELLA

O

01/13/2009

Electronic Signature of Signing Officer or Director

Date