


FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90085 039 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005255					
1. Corporation Name HOUSING CORPORATION OF AMERICA, INC.					
Principal Place of Business 2175 62ND ST. NO. #610 CLEARWATER FL 33762 US			Mailing Address P.O. BOX 185 PINELLAS PARK FL 33710 US		



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		10/14/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3408620	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRISHE, JAMES C 2175 62ND ST. NO. #610 CLEARWATER FL 33762				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 reinstating.)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FRISHE, JAMES C			1.2 NAME	JERRY D. House		
STREET ADDRESS	2175 62ND ST. NO.			1.3 STREET ADDRESS	236 58th Ave So		
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP	St. Petersburg, FL 33705		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Jim West	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARR, JOHN D			2.2 NAME	1923 ML King St. So		
STREET ADDRESS	501 31ST AVE N			2.3 STREET ADDRESS	St. Petersburg FL 33705		
CITY-ST-ZIP	ST. PETERSBURG FL 33704			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	Denise Unley	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WARMOUTH, ELLSWORTH F			3.2 NAME	200 Central Ave Ste 1900		
STREET ADDRESS	6 EAGLE LANE			3.3 STREET ADDRESS	St. Petersburg FL 33701		
CITY-ST-ZIP	PALM HARBOR FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Ray PRICE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	3501 South Harbor Blvd #2000		
STREET ADDRESS				4.3 STREET ADDRESS	SANTA ANA, CA 92704		
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with a different like empowered.

SIGNATURE:

James C. Frishe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 April 1999 722-345-5729
 Date Daytime Phone #

CR2E037 (11/98)