

FILED

DOCUMENT # **N96000005255**

1. Entity Name
HOUSING CORPORATION OF AMERICA, INC.

Principal Place of Business		Mailing Address	
2175 62ND ST. NO.		P.O. BOX 185	
#610			
CLEARWATER	FL	PINELLAS PARK	FL
33762	US	33780	US

2. Principal Place of Business 6617 BLUE HERON DRIVE SOUTH	3. Mailing Address
---	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
ST. PETERSBURG FL	

Zip	Country	Zip	Country
33707	US		

4. FEI Number	Applied For
59-3408620	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRISHE	JAMES	C	
2175 62ND ST. NO.			
#610			
CLEARWATER			FL
33762	US		

7. Name and Address of New Registered Agent

Name		
FRISHE	JAMES	C

Street Address (P.O. Box Number is Not Acceptable)
6617 BLUE HERON DRIVE SOUTH

City	FL	Zip Code
ST. PETERSBURG		33707

8. 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 JAMES C. FRISHE

04/30/2001

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

<p>FILE NOW: FEE IS \$61.25</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>	<p>Make Check Payable to Department of State</p>
---	---	---

10.	OFFICERS AND DIRECTORS
-----	------------------------

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
-----	---

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WEST JAMES		
STREET ADDRESS	1923 M. L. KING STREET SOUTH		
CITY-ST-ZIP	ST. PETERSBURG FL 33705		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HOUSE JERRY D		
STREET ADDRESS	236 58TH AVENUE SOUTH		
CITY-ST-ZIP	ST. PETERSBURG FL 33705		

TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE RAY	
STREET ADDRESS	3501 SOUTH HARBOR BLVD., #2000	
CITY-ST-ZIP	SANTA ANA	CA 92704

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	PD	<input type="checkbox"/> Delete
NAME	WARMOUTH ELLSWORTH F	
STREET ADDRESS	6 EAGLE LANE	
CITY-ST-ZIP	PALM HARBOR FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	PAYNE CHARLES MSR.	
STREET ADDRESS	642 22 AVENUE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	

TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY - ST - ZIP				

TITLE	SD	<input type="checkbox"/> Delete
NAME	GRAHAM ANDREW L	
STREET ADDRESS	1808 HILLS AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAHAM ANDREW L		
STREET ADDRESS	1808 HILLS AVENUE		
CITY-ST-ZIP	TAMPA	FL.	33606

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLSWORTH F. WARMOUTH

PD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E037 (11/00)