

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000141

Entity Name: HOMES FOR ALL, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

13180 N CLEVELAND AVE., STE 136
N. FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

13180 N CLEVELAND AVE., STE 136
N. FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 65-0719616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHELLMAN, ROBERT F
13180 N CLEVELAND AVE., STE 136
N. FORT MYERS, FL 33903

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/C () Delete
Name: SHELLMAN, ROBERT F
Address: 13180 N CLEVELAND AVE., STE 136
City-St-Zip: N. FORT MYERS, FL 33903

Title: D/S () Delete
Name: CAMENTZ, AL
Address: 13500 SIESTA AVE., PINE COURT, UNIT 302
City-St-Zip: FORT MYERS, FL 33908

Title: D/T () Delete
Name: HANSEN, TRACY R
Address: 17870 LEETANA RD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: SIMON, LARRY
Address: 1415 COLONIAL BLVD
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: STEVENS, DOUGLAS C JR.
Address: 12800 UNIVERSITY DRIVE SUITE 175
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HARADER, SCOTT
Address: 3407 WINKER AVE EXTENTION
City-St-Zip: FORT MYERS, FL 33916

Title: D (X) Change () Addition
Name: PETERS, CHERIE
Address: 4289 A ISLAND CIRCLE
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT F. SHELLMAN

P/C

04/29/2004

Electronic Signature of Signing Officer or Director

Date