2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# N98000005954

Entity Name: HOUSING OPPORTUNITIES, MORTGAGE ASSISTANCE, & EFFECTIVE NEIGHBORHOOD SOLUTIONS, INC.

Current Principal Place of Business:

3471 N. FED. HWY
SUITE #305
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

3471 N. FED. HWY
SUITE #611
FORT LAUDERDALE, FL 33306

Current Mailing Address:

3471 N. FED. HWY
SUITE #305
FORT LAUDERDALE, FL 33306

New Mailing Address:

3471 N. FED. HWY
SUITE #611
FORT LAUDERDALE, FL 33306

FEI Number: 65-0870180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLOMON, HARRIS K ESQ.
BRINKLEY, MCNERNEY, MORGAN, ET. AL.
200 EAST LAS OLAS BOULEVARD #1800
FORT LAUDERDALE, FL 33301 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:	DPCE	( ) Delete
Name:	BARRY, KATHARINE S	
Address:	2665 N.E. 26TH TERRACE	
City-St-Zip:	FORT LAUDERDALE, FL 33306	
Title:	DBC	( ) Delete
Name:	KURTH, LYDIA	
Address:	10884 NW 2ND ST.	
City-St-Zip:	PLANTATION, FL 33324	
Title:	VC	( ) Delete
Name:	ROTELLA, GARY	
Address:	200 E LAS OLAS BLVD, #1800	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	DBT	( ) Delete
Name:	SOLOMON, HARRIS K	
Address:	200 E LAS OLAS BLVD, #1900	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	STALLWORTH, TONY	
Address:	225 E LAS OLAS BLVD 3RD FLOOR	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	DVC	( ) Delete
Name:	WERNER, DEBRA	
Address:	2037 SE 17TH COURT	
City-St-Zip:	LAUDEDALE BY THE SEA, FL 33062	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: KATHARINE S. BARRY PRES 07/01/2004
Electronic Signature of Signing Officer or Director — Date