



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90042 019 ****61.25

DOCUMENT # N98000005954					
1. Entity Name HOUSING OPPORTUNITIES, MORTGAGE ASSISTANCE, & EFFECTIVE NEIGHBORHOOD SOLUTIONS, INC.					
Principal Place of Business 3471 N. FED. HWY SUITE #611 FORT LAUDERDALE, FL 33306			Mailing Address 3471 N. FED. HWY SUITE #611 FORT LAUDERDALE, FL 33306		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 65-0870180	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOLOMON, HARRIS K ESQ. BRINKLEY, MCNERNEY, MORGAN, ET. AL. 200 EAST LAS OLAS BOULEVARD #1800 FORT LAUDERDALE, FL 33301				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE BARRY, KATHARINE S 2665 N.E. 26TH TERRACE FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBC KURTH, LYDIA 10884 NW 2ND ST. PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ROTELLA, GARY 200 E LAS OLAS BLVD, #1800 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBT SOLOMON, HARRIS K 200 E LAS OLAS BLVD, #1900 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALLWORTH, TONY 225 E LAS OLAS BLVD 3RD FLOOR FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC WERNER, DEBRA 2037 SE 17TH COURT LAUDEDALE BY THE SEA, FL 33062	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of Board C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Fitzgerald 3225 S. Andrews Ave. Ft. Lauderdale, FL 33316				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Vice Chair VC <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5 Rck Asper 5525 NW 15 Ave, Ste 203 Ft. Lauderdale, FL 33309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lydia Kurth 10884 NW 2nd St. Plantation, FL 33324				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Kari S. B.</u> <u>1/24/06</u> <u>954-563-5454</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					