2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N98000005954

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

Current Principal Place of Business:

690 NE 13TH STREET
SUITE #102
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

690 NE 13TH STREET
SUITE #102
FORT LAUDERDALE, FL 33304

New Mailing Address:

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

Name and Address of Current Registered Agent:

SOLOMON, HARRIS K ESQ.
BRINKLEY, MORGAN, SOLOMON, ET AL
200 EAST LAS OLAS BOULEVARD #1900
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:	PCEO	( ) Delete
Name:	BARRY, KATHARINE S	
Address:	690 NE 13TH STREET SUITE 102	
City-St-Zip:	FORT LAUDERDALE, FL 33304	
Title:	DPBC	( ) Delete
Name:	FITZGERALD, JOHN	
Address:	3225 S. ANDREWS AVENUE	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:	DBVC	( ) Delete
Name:	ASPER, RICK	
Address:	5525 NW 15TH AVENUE, SUITE 203	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	DBC	( ) Delete
Name:	BOND, ARTHUR	
Address:	2701 REESE ROAD	
City-St-Zip:	DAVIE, FL 33314	
Title:	D	( ) Delete
Name:	KURTH, LYDIA	
Address:	10884 NW 2ND ST	
City-St-Zip:	PLANTATION, FL 33324	
Title:	D	( ) Delete
Name:	ROTELLA, GARY J	
Address:	200 E. LAS OLAS BLVD., SUITE 1850	
City-St-Zip:	FT. LAUDERDALE, FL 33301	

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 exemption stated 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 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 PCEO 02/24/2009

Electronic Signature of Signing Officer or Director — Date