

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004241

FILED
May 18, 2009
Secretary of State

Entity Name: HOME OWNERSHIP RESOURCE CENTER OF LEE COUNTY, INC.

Current Principal Place of Business:

3281 PALM BEACH BLVD
FORT MYERS, FL 33916

New Principal Place of Business:

4040 PALM BEACH BLVD
SUITE
FORT MYERS, FL 33916

Current Mailing Address:

3281 PALM BEACH BLVD
FORT MYERS, FL 33916

New Mailing Address:

4040 PALM BEACH BLVD
SUITE
FORT MYERS, FL 33916

FEI Number: 65-1047226 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FELTON, EDDIE
HOME OWNERSHIP RESOURCE CENTER
3281 PALM BEACH BLVD
FORT MYERS, FL 33916 US

Name and Address of New Registered Agent:

FELTON, EDDIE
HOME OWNERSHIP RESOURCE CENTER OF LEE COUN
4040 PALM BEACH BLVD SUITE
FORT MYERS, FL 33916 US

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:

05/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YOUNG, CHESTER
Address: 2025 WEST FIRST STREET
City-St-Zip: FORT MYERS, FL 33901

Title: DC () Delete
Name: ROEDER, MICHAEL E
Address: 3281 PALM BEACH BLVD
City-St-Zip: FT. MYERS, FL 33916

Title: D () Delete
Name: JONES, STEVE
Address: 3281 PALM BEACH BVLD
City-St-Zip: FORT MYERS, FL 33916

Title: DP () Delete
Name: VAUGHT, DOUG
Address: 3281 PALM BEACH BLVD
City-St-Zip: FT. MYERS, FL 33916

Title: T () Delete
Name: STEEL, LINDA
Address: 3281 PALM BEACH BLVD
City-St-Zip: FT. MYERS, FL 33916

Title: DC () Delete
Name: HEALY, LOUIS
Address: 3281 PALM BEACH BVLD
City-St-Zip: FORT MYERS, FL 33916

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: MICHAEL ROEDER

CHAI

05/18/2009

Electronic Signature of Signing Officer or Director

Date