

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03775 (4)

1. Corporation Name

HOME OWNERS FUNDING CORP. OF AMERICA



Principal Place of Business

Mailing Address

5055 KELLER SPRINGS RD
STE 500
DALLAS TX 75248
US

8303 H2 MONROE ROAD
CHARLOTTE NC 28270
US

3. Date Incorporated or Qualified
10/22/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 3401 N. Federal Hwy.

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

27

City & State

Boca Raton, FL

City & State

28

Zip

33431

Country

Zip

29

Country

30

4. FEI Number

04-2841771

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME PFLUGER, III C
STREET ADDRESS 6501 STAGHORN COVE
CITY-ST-ZIP AUSTIN TX

TITLE SCD ☐ DELETE
NAME LESHMAN, HENRY
STREET ADDRESS 7508 LAPAZ COURT
CITY-ST-ZIP BOCA RATON FL

TITLE CTD ☐ DELETE
NAME O'LEARY, JAMES
STREET ADDRESS 1201 S. ALMA SCHOOL ROAD, #1400-B
CITY-ST-ZIP MESA AZ

TITLE ASD ☐ DELETE
NAME ROSEN, LARRY
STREET ADDRESS 22650 ESPLANADA CIRCLE WEST
CITY-ST-ZIP BOCA RATON FL

TITLE AS ☐ DELETE
NAME BALLENGER, J R. B
STREET ADDRESS 1227 LYNBROOK DRIVE
CITY-ST-ZIP CHARLOTTE NC

TITLE D ☐ DELETE
NAME SCHWEITZER, MORI A
STREET ADDRESS 2253 NW 62ND DRIVE
CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

B. Garrison Ballenger, Jr.

704-845-0756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)