

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90186 013 \*\*\*150.00

**DOCUMENT # P04000153181**



1. Entity Name  
**HOUSE OF MANAGEMENT ENTERPRISES FOR  
COMMUNITY ASSOCIATIONS, INC.**

Principal Place of Business  
**1969 SOUTH ALAFOYA TRAIL  
#327  
ORLANDO, FL 32828**

Mailing Address  
**1969 SOUTH ALAFOYA TRAIL  
#327  
ORLANDO, FL 32828**



2. Principal Place of Business - No P.O. Box #

**5205 S. Orange Ave**

3. Mailing Address

**5205 S. Orange Ave**

Suite, Apt. #, etc.

**D**

Suite, Apt. #, etc.

**D**

01082007

Chg-P

CR2E034 (12/06)

City & State

**Orlando FL**

City & State

**Orlando FL**

4. FEI Number

**20-1859010**

Applied For

Not Applicable

Zip

**32809**

Country

**USA**

Zip

**32809**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORBETT, SCOTT R  
1501 W COLONIAL DRIVE  
ORLANDO, FL 32804**

7. Name and Address of New Registered Agent

**Michael E. House**

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

**5205 S. Orange Avenue, Ste D**

City **Orlando**

**FL**

Zip Code **32809**

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **HOUSE, MICHAEL E**  
STREET ADDRESS **5205 S. ORANGE AVE, SUITE D**  
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/11/07**

**407-852-5300**