

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90050 004 ***150.00

DOCUMENT # P06000005815

1. Entity Name
HOMES BY FRINGES, INC.



Principal Place of Business
7959 L'AQUILA WAY
DELRAY BEACH, FL 33446

Mailing Address
7959 L'AQUILA WAY
DELRAY BEACH, FL 33446

40041173



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-4138051

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES INC
2731 EXECUTIVE PARK DR SUITE 4
WESTON, FL 33331

Name
COREY LEVINE

Street Address (P.O. Box Number is Not Acceptable)
15300 TUG ROAD

SUITE 208

City
DELRAY BEACH

FL

Zip Code
33446

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 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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS REUBENS, LINDA
CITY-ST-ZIP 7959 L'AQUILA WAY
DELRAY BEACH, FL 33446 ☐ Delete

TITLE
NAME REUBENS, LINDA ☒ Change ☐ Addition
STREET ADDRESS 16395 BROOKFIELD ESTATES WAY
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE
NAME STD
STREET ADDRESS GOLDMARK, ROBERT
CITY-ST-ZIP 7959 L'AQUILA WAY
DELRAY BEACH, FL 33446 ☐ Delete

TITLE
NAME GOLDMARK, ROBERT ☒ Change ☐ Addition
STREET ADDRESS 16395 BROOKFIELD ESTATES WAY
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 #

ROBERT GOLDMARK 3/2/08