

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000001095

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: HOME DEVELOPMENT CORP. OF SOUTH FLORIDA

**Current Principal Place of Business:**

5350 WEST ATLANTIC AVENUE  
SUITE 100  
DELRAY BEACH, FL 33484 US

**New Principal Place of Business:**

**Current Mailing Address:**

5350 WEST ATLANTIC AVENUE  
SUITE 100  
DELRAY BEACH, FL 33484 US

**New Mailing Address:**

FEI Number: 65-0546180      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEINBERG, ANDREW  
5350 W. ATLANTIC AVE.  
SUITE 100  
DELRAY BEACH, FL 33484 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STEINBERG, ANDREW  
Address: 5350 W. ATLANTIC AVE. SUITE 100  
City-St-Zip: DELRAY BEACH, FL 33484

Title: VS ( ) Delete  
Name: PACOCHA, STEPHEN  
Address: 5350 W. ATLANTIC AVE. SUITE 100  
City-St-Zip: DELRAY BEACH, FL 33484

Title: TVD ( ) Delete  
Name: SWARTZ, RICHARD A  
Address: 5350 W. ATLANTIC AVE. SUITE 100  
City-St-Zip: DELRAY BEACH, FL 33484

Title: V (X) Delete  
Name: CONTANT, JOHN  
Address: 5350 W ATLANTIC AVE., SUITE 100  
City-St-Zip: DELRAY BEACH, FL 33484

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN F PACOCHA

V

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date