## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000015694 (9)

HOMEOWNERS CONSULTANT ASSOC. INC.

## FILED Apr 08 1997 8:00am Secretary of State



Ponemal Place	e of Business	Mailing Address			·	{		AHA 1040 1011	
1560 SAN ROY		1580 SAN ROY DRIVE	· ·						
DUNEDIN FL 34696 DUNEDIN FL 34698-4354			4						
						Date Incorporated or Qualified     02/24/1995		te of Last F	Report
2. Principal P	Pace of Business	2a. Mailing Address			·····	4. FEI Number	1		pplied For
21		26				59-3302183		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			Certificate of Status Desired      Sa.75 Additional Fee Required			
City & State	e	Crly & State	···			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	<u>├</u>	ıntry		8. This corporation has liability for in			s. <b>19</b> 9. <b>03</b> 2,
24]	25	29	30	,			Yes [		
	9. Name and Address of C	urrent Hegistered Agent		B1	Name	10. Name and Address of New Reg	istered /	tgent	
OLAIM, AL					iname				
12600 S BELCHER ROAD LARGO FL 34643				82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
LAN	IGU TL 34043			83				<del></del>	
				"					
				84	City		FL	85 Zip	Code
dd fy		7.0000 4.007.4000 Florida Sta	1. doc 450 al			oration submits this statement for the poor's board of directors. I hereby accep			
SIGNATURE	Signature typed or profed name of registe	obligations of, Section 607.0505,	_		s. ont signature required		DATE		
12.	OFFICER	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	SALVATI, LOUIS	DELETE	1.1 70					☐ Change	Addition
NAME	1560 SAN ROY DR		1,2 N/						
STREET ADORESS			1.3 \$1	TREET	ADDRESS				
ĺ	THINCHIN EI								
CITY -ST-7IP	DUNEDIN FL	FICILITE		TY-S	IT-ZIP		······································	Choose	Addition
CULA - 21- SIL- SIL- SIL- SIL- SIL- SIL- SIL- SIL	DUNEDIN FL	DELETE	2.1 TI	TLE	T-ZIP		<del></del>	☐ Change	Addition
CITY -ST-7IP TITLE NAME	DUNEDIN FL	DELETE	2.1 TI 2.2 N/	TLE AME			***************************************	Change	Additio
DITY -ST-7IP TITLE NAME STHEET ADDRESS	DUNEDIN FL	☐ DELETE	2.1 T/ 2.2 N/ 2.3 S/	TLE AME TREET	ADDRESS		***************************************	Change	Addition
CITY -ST- ZIP TITLE NAME STHEFT ADDRESS CITY - ST- ZIF	DUNEDIN FL		2.1 T/ 2.2 N/ 2.3 S/ 2.4 C	TLE AME TREET CITY-S					
CITY ST-7IP TITLE NAM: STHEET ADDRESS CHY-ST-ZIF TITLE	DUNEDIN FL	DELETE	2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI	TLE AME TREET CITY-S TLE	ADDRESS			Change	Addition
CITY SI-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE	DUNEDIN FL		2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/	TLE AME TREET CITY-S TLE AME	ADDRESS				
CITY ST-7IP TITLE NAME STREET ADDRESS CHY-ST ZIF TITLE NAME STREET ADDRESS	DUNEDIN FL		21 TI 22 NJ 23 SI 2 4 C 31 TI 32 NJ 33 SI	ITLE AME IREET CITY-S TLE AME IREET	ADDRESS ST-ZIP ADDRESS	,			
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 chapter, or on an attachment with an address.

SIG	ina	TU	RE:
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HCA

Daytime Phone #

0458115