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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996		Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # 1. Corporation Name	P95000060770 (1)					
NORTH AMERICAN H	HOMES REALTY, IN	IC.				
Principal Place of Business	Mailing Address					
206 QUAYSIDE CIRCLE. #303 MAITLAND FL 32751		206 QUAYSIDE CIRCLE, #303 Maitland fl 32751				
Principal Place of Business	10 P.10 28. M	alling Address				



MAITLAND FL 32751	206 QUAYSIDE CIRCLE, #303 MAITLAND FL 32751			
,			3. Date Incorporated or Qualified 08/07/1995	3a. Date of Last Report
2. Principal Place of Business 21 110 N. Orlando Ave	2a. Mailing Address	notared 11 so	4. FEI Number	Applied For
21 // 0 N. Or (and 0 Hve Suite, Apt. #, etc.		Orlando Ave.	59-3331831	Not Applicable
22 Suite 14	Suite, Apt. #, etc. 27 Suite 14		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Cry & State 23 Haitland FL	28 Maitland	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 32751 25 Country USA	29 ZD 2751	Country 30 USA	This corporation has liability for it Florida Statutes	□No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Ro	aglatered Agent
WOOD, JOAN JORDAN ESQ 2748 S FERNCREEK AVE ORLANDO FL 32806		112 We	Yassey Gary ess (P.O. Box Number is Not Acceptable est Citrus Street	
ONLANDO FL 32000		altamo	nte Springs, FL 3271	4-2577
		84 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 607.0502 or registered agent, or both, in the State of Toridafamiliar with, and accept the obligations of, Section 	1 607 1506, Florid Statute Such change w authorize 607 0505, Florida Statutes.	s, the above-named corpora d by the corporation's board	ation submits this statement for the purp of directors. I hereby accept the appo	pose of changing its registered office intraent as registered agent. I am
SIGNATURE Signature, typed or printed name a registered agent and	title if ancricacie (NOT		4	4/26/96
12. OFFICERS AND I	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E: Registrand Agent signature .quiled	When reinstaling) ADDITIONS/CHANGES TO OFFICE	CERC AND DIVECTODS IN 12
President	☐ DELETE		ICE PRESIDENT	Change Cl Addition
NAME FRANK BODNAR		1.2 NAME	QUAIS HOURS	7
OTOLCE ADDRESS	#202	1.3 STREET ADDRESS	ouglas Hogan obj Lee Rd. #28D	8
CHY SI ZIP Maitland, FL 32751	#303	1.4 CITY-ST-ZIP	riando FL 32810	
TIFLE	DELETE	2. 1 TITLE	HANDOI-L DAGIO	Change Addition 5
NAME		2 2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CiTy-\$1-ZiP		2 4 CITY-ST-ZIP		1
TITLE	☐ DELETE	3 1 TITLE		Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3.3. STREET ADDRESS		
CITY-S1-ZIP		3.4 CITY-ST-ZIP	·	
TITLE	☐ DELETE	4. 1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		•
CITY - ST - ZIP		4 4 CITY - ST - ZIP		
TIJLE	☐ DELETE	5 1 TITLE		Change Addition
NAME	_	5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CHY-SI-ZIP		5 4 CITY-ST-ZIP		
TILLE	DELETE	6 1 TITLE		Change
NAME	F-1 5-11-15	6 2 NAME		LI Change LI Addition
STREET ADDRESS				
CITY-ST-ZIP		6.3 STREET ADDRESS		
14. I do hereby certify that the information supplied with	this filing is valuntarily furnic	6 4 CITY-ST-ZIP	the quanties stated in Coaling 440.0	

certify that the information indicated on this annual report or supplemental and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutas. 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 changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41-15-96 (407) 539-0808
Description Phone #