

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055585

Entity Name: HOMES OF AMERICA, INC.

FILED
Apr 13, 2004
Secretary of State

Current Principal Place of Business:

639 CLEMSON DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

639 CLEMSON DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3386656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIROUX, BONNIE L
639 CLEMSON DR
ALTAMONTE SPRGS, FL 32714 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: P () Delete
Name: GIROUX, BONNIE L
Address: 639 CLEMSON DR
City-St-Zip: ALTAMONTE SPRGS, FL

Title: VP (X) Delete
Name: COTONO, JOHN
Address: 159 SUNSET DR
City-St-Zip: LONGWOOD, FL 32750

Title: S (X) Delete
Name: GIOUX, JAIME
Address: 144 BELLOZZA TERRACE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GIROUX, BONNIE L
Address: 711 CLEMSON DR
City-St-Zip: ALTAMONTE SPRGS, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: GIROUX, ROCKY VP
Address: 735 CLEMSON DRIVE
City-St-Zip: ALTAMONTE SPRINGS, F 32714

Title: S () Change (X) Addition
Name: MANN, MINNIE S
Address: 743 CLEMSON DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BONNIE GIROUX

P

04/13/2004

Electronic Signature of Signing Officer or Director

Date