

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001145

Entity Name: HOUSING AND EDUCATION ALLIANCE, INC.

FILED
Jan 09, 2015
Secretary of State
CC6625589683

Current Principal Place of Business:

9215 N. FLORIDA AVENUE
SUITE # 101
TAMPA, FL 33612

Current Mailing Address:

9215 N. FLORIDA AVENUE
SUITE 101
TAMPA, FL 33612 US

FEI Number: 43-1963410

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALVAREZ, SYLVIA A
5912 HATTERAS PALM WAY
TAMPA, FL 33615 US

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

Officer/Director Detail :

Title EXECUTIVE DIRECTOR
Name ALVAREZ, SYLVIA A
Address 5912 HATTERAS PALM WAY
City-State-Zip: TAMPA FL 33615

Title SECRETARY/TREASURER
Name RAMOS, ANNA
Address 1800 E 9TH AVENUE
City-State-Zip: TAMPA FL 33605

Title DIRECTOR
Name HALPIN, PATRICK J
Address 695 CENTRAL AVE, SUITE 273
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name BRODERICK, MARK
Address 2290 SW GOLDEN BEARWAY
City-State-Zip: PALM CITY FL 34990

Title CHAIRMAN
Name DIAZ, ARNALDO
Address 3001 N. ROCKY POINT DR., E. SUITE 231A
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name PARKER, JAMES
Address 18101 HIGHWOODS PRESERVE PARKWAY
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name RODRIGUEZ, AILEEN
Address 10408 FOREST HILLS DRIVE
City-State-Zip: TAMPA FL 33612

Title DIRECTOR
Name CAMPBELL, PATRICIA
Address 3000 ST. CROIX DRIVE
City-State-Zip: CLEARWATER FL 33759

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SYLVIA A ALVAREZ

EXECUTIVE DIRECTOR

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FORDE, MARLENE
Address 4900 MEMORIAL HWY
City-State-Zip: TAMPA FL 33634

Title DIRECTOR
Name IRIZARRY, RAYMOND
Address 4790 140TH AVE NORTH
City-State-Zip: CLEARWATER FL 33762