

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001145

**FILED**  
**Jan 29, 2016**  
**Secretary of State**  
**CC6330349021**

**Entity Name:** HOUSING AND EDUCATION ALLIANCE, INC.

**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  
9215 N. FLORIDA AVENUE  
SUITE # 101  
TAMPA, FL 33612 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 9215 N. FLORIDA AVENUE  
SUITE # 101  
City-State-Zip: TAMPA FL 33612

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 241A  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name PARKER, JAMES  
Address 3031 N. ROCKY POINT DRIVE  
#155  
City-State-Zip: TAMPA FL 33607

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

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

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

**Continues on page 2**

*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**

**01/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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