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.

TREASURER

SIGNATURE: ANN SOPER

Electronic Signature of Signing Officer/Director Detail

# (

SIGNATURE:

Officer/Director Detail :				
Title	D, PRESIDENT	Title	D, SECRETARY	
Name	BEEBE, MICHAEL	Name	BRENAN, KEVIN D	
Address	4441 BLUE SAGE COURT	Address	3460 MARBELLA COURT	
City-State-Zip:	BONITA SPRINGS FL 34134	City-State-Zip:	BONITA SPRINGS FL 34134	
Title	D, TREASURER			
Name	SOPER, ANN			
Address	23530 PEPPERMILL COURT			

City-State-Zip: BONITA SPRINGS FL 34134

Electronic Signature of 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.

# Name and Address of Current Registered Agent:

1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

**Current Principal Place of Business:** 4441 BLUE SAGE COURT BONITA SPRINGS. FL 34134-7913

DOCUMENT# N1500006047

### **Current Mailing Address:**

4441 BLUE SAGE COURT BONITA SPRINGS. FL 34134-7913

## FEI Number: 47-4607612

C T CORPORATION SYSTEM

Entity Name: HOUSING COLLABORATIVE CORPORATION

### FILED Jan 22, 2020 Secretary of State 1028954064CC

Certificate of Status Desired: No

01/22/2020 Date

Date