

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000001795

**Entity Name:** HOUSING SOLUTIONS PARTNERSHIP INC

**Current Principal Place of Business:**

4801 S UNIVERSITY DRIVE  
SUITE 257  
DAVIE, FL 33328

**Current Mailing Address:**

4801 S UNIVERSITY DRIVE  
SUITE 257  
DAVIE, FL 33328 UN

**FEI Number:** 81-1581234

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAGOONANAN, DARREN  
4801 S UNIVERSITY DRIVE  
SUITE 257  
DAVIE, FL 33328 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 D  
Name RAGOONANAN, DARREN  
Address 4801 S UNIVERSITY DRIVE, SUITE 257  
City-State-Zip: DAVIE FL 33328

Title D  
Name GIRALDO, SANDRA  
Address 4801 S UNIVERSITY DRIVE, SUITE 257  
City-State-Zip: DAVIE FL 33328

Title D  
Name CATA, BEATRIZ  
Address 4801 S UNIVERSITY DRIVE, SUITE 257  
City-State-Zip: DAVIE FL 33328

Title D  
Name RAGOONANAN, NICHOLE M  
Address 4801 S UNIVERSITY DRIVE  
SUITE 257  
City-State-Zip: DAVIE FL 33328

*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:** DARREN RAGOONANAN

**PRESIDENT**

**04/22/2022**

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

\_\_\_\_\_  
Date