

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

DOCUMENT# N98000005954

**Entity Name:** HOUSING OPPORTUNITIES, MORTGAGE ASSISTANCE, & EFFECTIVE NEIGHBORHOOD SOLUTIONS, INC.**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC2872222602****Current Principal Place of Business:**690 NE 13TH STREET  
SUITE #102  
FORT LAUDERDALE, FL 33304**Current Mailing Address:**690 NE 13TH STREET  
SUITE #102  
FORT LAUDERDALE, FL 33304**FEI Number: 65-0870180****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SOLOMON, HARRIS K. ESQ.  
200 EAST LAS OLAS BLVD. #1850  
FORT LAUDERDALE, FL 33301 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: HARRIS SOLOMON****04/29/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PCEO
Name	BARRY, KATHARINE S
Address	690 NE 13TH STREET SUITE 102
City-State-Zip:	FORT LAUDERDALE FL 33304

Title	VC
Name	MURTAUGH-NASH, BARBARA
Address	13798 NW 4TH ST., SUITE 308
City-State-Zip:	SUNRISE FL 33325

Title	DIRECTOR
Name	ASPER, RICK
Address	3000 NE 30TH PLACE, SUITE 107
City-State-Zip:	FORT LAUDERDALE FL 33306

Title	TREASURER
Name	ROJAS, JUAN
Address	220 ALHAMBRA CIRCLE, 5TH FLOOR
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	JACKSON, DOROTHY
Address	1228 NE 6TH AVE
City-State-Zip:	FORT LAUDERDALE FL 33304

Title	DIRECTOR
Name	MCGINLEY, MARIE J
Address	1517 NORTH ANDREWS AVENUE
City-State-Zip:	FT. LAUDERDALE FL 33311

Title	CHAIRMAN
Name	BREWSTER, BRAD
Address	4908 NW 101 AVENUE
City-State-Zip:	CORAL SPRINGS FL 33076

Title	SECRETARY
Name	COPLEY, CYNDI
Address	2700 EAST OAKLAND PARK BLVD
City-State-Zip:	FORT LAUDERDALE FL 33306

**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: KATHARINE S. BARRY****PRESIDENT & CEO****04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           CHAIRMAN  
Name           SERVAITES, ERIC  
Address        1430 NORTH FEDERAL HIGHWAY  
City-State-Zip: FORT LAUDERDALE FL 33304

Title           DIRECTOR  
Name           EMILIE, TRACY  
Address        1323 SE 3RD AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title           DIRECTOR  
Name           SCHWING, TODD  
Address        600 NE 13TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33304

Title           DIRECTOR  
Name           JOFFE, KATHERINE  
Address        515 LAS OLAS BLVD  
                  1200  
City-State-Zip: FORT LAUDERDALE FL 33301