

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003503

Entity Name: HOUSING OPTIONS AND GERIATRIC ASSOCIATION
RESOURCES, INC.**Current Principal Place of Business:**787 EAST 156TH ST.
BRONX, NY 10455**Current Mailing Address:**787 EAST 156TH ST.
BRONX, NY 10455**FEI Number: 13-3887707****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLON, TANIA
1320 N SEMORAN BLVD. #210
ORLANDO, FL 32807 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	OTHER
Name	SILVA, CARMEN
Address	1671 BRYANT AVE. #3B
City-State-Zip:	BRONX NY 10460

Title	D
Name	CINTRON, GLADYS
Address	1465 FULTON AVE. #2C
City-State-Zip:	BRONX NY 10456

Title	D
Name	ALZATE, GUILLERMO
Address	506 EAST 147TH ST. 2FL
City-State-Zip:	BRONX NY 10455

Title	P
Name	COLON, NORIS
Address	23 BRIGHTON DR, UNIT 1802
City-State-Zip:	NEWBURGH NY 12550

Title	CHAIRMAN
Name	PEREZ, FEDERICO
Address	270 ALEXANDER AVE. #3A
City-State-Zip:	BRONX NY 10454

Title	SECRETARY, TREASURER
Name	DELEON, ROSITA
Address	560 FOX STREET
City-State-Zip:	BRONX NY 10455

Title	CFO
Name	POPPITI, EDWARD
Address	787 EAST 156TH ST.
City-State-Zip:	BRONX NY 10455

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: EDWARD POPPITI**CFO****07/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date