

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000000746

**Entity Name:** HOUSING COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

4250 ALAFAYA TRAIL  
SUITE 212-330  
OVIDO, FL 32765-9424

**Current Mailing Address:**

4250 ALAFAYA TRAIL  
SUITE 212-330  
OVIDO, FL 32765-9424

**FEI Number: 59-3618490**

**Certificate of Status Desired: No**

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

SKROCKI, DAVID A  
1620 CARILLON PARK DR  
OVIDO, FL 32826 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 PD  
Name FLEMING, RANDALL E  
Address 4250 ALAFAYA TRAIL SUITE 212-330  
City-State-Zip: OVIDO FL 32765-9424

Title VD  
Name VERMALES, ELIZABETH R  
Address 4250 ALAFAYA TRAIL, SUITE 212-330  
City-State-Zip: OVIDO FL 32765-9424

Title STD  
Name SKROCKI, CYNTHIA K  
Address 4250 ALAFAYA TRAIL SUITE 212-330  
City-State-Zip: OVIDO FL 32765-9424

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CYNTHIA SKROCKI**

**SECRETARY**

**03/27/2016**

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

\_\_\_\_\_  
Date