

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90036 025 ****61.25

DOCUMENT # 725626	
1. Entity Name	
LEASED HOUSING CORPORATION, INC.	

Principal Place of Business	Mailing Address
3432 WEST 45TH ST W PALM BEACH FL 33407	3432 WEST 45TH ST W PALM BEACH FL 33407

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number		Applied For
59-2245045		Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLANIGAN, JOHN F. 625 N. FLAGLER DR. WEST PALM BEACH FL 33402		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

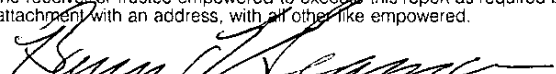
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VDS ☐ Delete	TITLE	Secretary/Treasurer ☐ Change ☒ Addition
NAME	MURPHY, LARRY E.	NAME	Zalman, Joseph
STREET ADDRESS	5337 EAGLE LAKE DRIVE	STREET ADDRESS	3432 W 45th Street
CITY-ST-ZIP	PALM BEACH GARDENS FL	CITY-ST-ZIP	West Palm Beach, Fl
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SEAMAN, BARRY F	NAME	
STREET ADDRESS	16280 GOLDCUP DRIVE EAST	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	CITY-ST-ZIP	
TITLE	STD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANCIS, WILLIAM	NAME	
STREET ADDRESS	4544 CARTHAGE CIRCLE, NORTH	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	CITY-ST-ZIP	
TITLE	FM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REEVES, LORETTA	NAME	
STREET ADDRESS	11769 175TH ROAD NORTH	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1/25/06 561/684-2160