

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90048 037 \*\*\*\*70.00

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01102005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 762242</b> 1. Entity Name <b>FEDERATION HOUSING, INC.</b>					
Principal Place of Business <b>5010 NOB HILL RD.</b> <b>SUNRISE, FL 33351 US</b>			Mailing Address <b>5010 NOB HILL RD.</b> <b>SUNRISE, FL 33351 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2232035</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SIEPSER, GARY</b> <b>5010 NOB HILL RD.</b> <b>SUNRISE, FL 33351</b>			Name <b>Weinbaum, Martin</b> Street Address (P.O. Box Number is Not Acceptable) <b>5010 Nob Hill Rd</b> City <b>Sunrise</b> <b>FL</b> Zip Code <b>33351</b>		
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					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CANTOR, DANIEL</b>		NAME		
STREET ADDRESS	<b>8411 LAGOS DE CAMPO</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMARAC, FL</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEINBAUM, MARTIN</b>		NAME		
STREET ADDRESS	<b>5010 NOB HILL RD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FINKELSTEIN, RICHARD</b>		NAME		
STREET ADDRESS	<b>2520 LAGUANA TERR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FT LAUDERDALE, FL</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEHRER, PAUL R</b>		NAME		
STREET ADDRESS	<b>4310 NE 23 TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LIGHTHOUSE POINT, FL</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLIAM, GERALD</b>		NAME		
STREET ADDRESS	<b>5104 WHITE OAK LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMARAC, FL 33311</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <b>Martin Weinbaum</b>			Date <b>1/12/05</b> Daytime Phone # <b>9547467960</b>		