


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 752328 1. Entity Name HOUSING FOR HANDICAPPED, INC.	
-----------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 16158 S. MILITARY TRAIL DELRAY BCH, FL 33484-3501	Mailing Address 16158 S. MILITARY TRAIL DELRAY BCH, FL 33484-3501
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1519622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPEICHER, JOSEPH S. 16158 S. MILITARY TRAIL DELRAY BEACH, FL 33484-3501

DO NOT WRITE IN THIS SPACE

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 re-registering)	DATE _____
-----------------	-----------------------------------------------------------------	------------

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---------------------------------------------	--------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KASERMAN, ADELE 5420 VIBURNUM CIRCLE DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUBIN, KENNETH 695 ENFIELD CT DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TRIESTE, J. ALEXANDER 399 N.W. 2ND AVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U000000006356
 01/16/04-80031-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Joseph S. Speicher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-5-04 <small>Date</small>	561-637-1000 <small>Daytime Phone #</small>
---------------------------------------------------------------------------------------------------------------------------	-------------------------------	------------------------------------------------