

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752328

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: HOUSING FOR HANDICAPPED, INC.

**Current Principal Place of Business:**

16158 S. MILITARY TRAIL  
DELRAY BCH, FL 334843501

**New Principal Place of Business:**

**Current Mailing Address:**

16158 S. MILITARY TRAIL  
DELRAY BCH, FL 334843501

**New Mailing Address:**

FEI Number: 59-1519622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPEICHER, JOSEPH S.  
16158 S. MILITARY TRAIL  
DELRAY BEACH, FL 334843501 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KASERMAN, ADELE  
Address: 5420 VIBURNUM CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: PD ( ) Delete  
Name: RUBIN, KENNETH  
Address: 695 ENFIELD CT  
City-St-Zip: DELRAY BEACH, FL 33444

Title: TD ( ) Delete  
Name: TRIESTE, J. ALEXANDER  
Address: 399 N.W. 2ND AVE  
City-St-Zip: BOCA RATON, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ADELE KASERMAN

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date