

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

**95 MAY -1 PM 3: 05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northern Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763764 (8)**  
 1. Corporation Name  
**HOUSING CORPORATION OF THE PALM BEACH COUNTY A.R  
 .C.**

Principal Place of Business <b>1201 AUSTRALIAN AVENUE RIVIERA BEACH FL 33404</b>	Mailing Address <b>1201 AUSTRALIAN AVENUE RIVIERA BEACH FL 33404</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/29/1982</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2201240</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

**9. Name and Address of Current Registered Agent**

**LAIRD, JOYCE W.  
1201 AUSTRALIAN AVENUE  
RIVIERA BEACH FL 33404**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>BAKER III, BERNARD R</b>
STREET ADDRESS	<b>1201 AUSTRALIAN AVE</b>
CITY - ST - ZIP	<b>RIVIERA BEACH, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>HAKPERN, RICHARD</b>
STREET ADDRESS	<b>1201 AUSTRALIAN AVENUE</b>
CITY - ST - ZIP	<b>RIVIERA BEACH FL</b>
TITLE	<b>VP</b>
NAME	<b>BILLS, GREG</b>
STREET ADDRESS	<b>1201 AUSTRALIAN AVE.</b>
CITY - ST - ZIP	<b>RIVIERA BEACH FL</b>
TITLE	<b>PD</b>
NAME	<b>MOORE, BARBARA</b>
STREET ADDRESS	<b>1201 AUSTRALIAN AVENUE</b>
CITY - ST - ZIP	<b>RIVIERA BEACH FL</b>
TITLE	<b>S</b>
NAME	<b>COLE, DUDLEY</b>
STREET ADDRESS	<b>1201 AUSTRALIAN AVE.</b>
CITY - ST - ZIP	<b>RIVIERA BCH. FL</b>
TITLE	<b>T</b>
NAME	<b>WRIGHT, COLIN</b>
STREET ADDRESS	<b>1201 AUSTRALIAN AVE.</b>
CITY - ST - ZIP	<b>RIVIERA BCH. FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>100001478441</b>
14 CITY - ST - ZIP	<b>-05/08/95--01029--013</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>*****68.75 *****68.75</b>
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>D</b>
33 STREET ADDRESS	<b>Dr. Joseph Orr</b>
34 CITY - ST - ZIP	<b>1201 Australian Avenue Riviera Beach, FL</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Sandra B. Northern* **3-30-95 407-842-3213**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE  
 (LAWYER'S SIGNATURE)