

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763764 (8)  
1. Corporation Name  
HOUSING CORPORATION OF THE PALM BEACH COUNTY A.R.C.



Principal Place of Business: 1201 AUSTRALIAN AVENUE RIVIERA BEACH FL 33404  
Mailing Address: 1201 AUSTRALIAN AVENUE RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified: 06/29/1982  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-2201240  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, City & State, Zip, and Country.

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 (81-85) details including Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Baker III, Bernard R	
1.3 STREET ADDRESS	1201 Australian Avenue	
1.4 CITY-ST-ZIP	Riviera Beach, FL	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Halpern, Richard	
2.3 STREET ADDRESS	1201 Australian Avenue	
2.4 CITY-ST-ZIP	Riviera Beach, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Finley, Anita	
3.3 STREET ADDRESS	1201 Australian Avenue	
3.4 CITY-ST-ZIP	Riviera Beach FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Orr, Joseph	
5.3 STREET ADDRESS	1201 Australian Avenue	
5.4 CITY-ST-ZIP	Riviera Beach FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: [Signature] DATE: 4-30-96 DAYTIME PHONE: 407-842-3213

CR2E037 (12/95)