


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 33404-6635</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/29/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2201240</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER III, BERNARD R	1.2 NAME	
STREET ADDRESS	1201 AUSTRALIAN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPERN, RICHARD	2.2 NAME	
STREET ADDRESS	1201 AUSTRALIAN AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINLEY, ANITA	3.2 NAME	
STREET ADDRESS	1201 AUSTRALIAN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, BARBARA	4.2 NAME	
STREET ADDRESS	1201 AUSTRALIAN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, JOSEPH	5.2 NAME	
STREET ADDRESS	1201 AUSTRALIAN AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH. FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, COLIN	6.2 NAME	
STREET ADDRESS	1201 AUSTRALIAN AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH. FL	6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_