

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90379 009 \*\*\*\*70.00

**DOCUMENT # 763764**

1. Entity Name  
**HOUSING CORPORATION OF THE PALM BEACH COUNTY A.R**

Principal Place of Business      Mailing Address  
**1201 AUSTRALIAN AVENUE**      **1201 AUSTRALIAN AVENUE**  
**RIVIERA BEACH FL 33404**      **RIVIERA BEACH FL 33404-6635**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2201240**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees.

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	BAKER III, BERNARD R	
STREET ADDRESS	1201 AUSTRALIAN AVE	
CITY-ST-ZIP	RIVIERA BEACH, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	HALPERN, RICHARD	
STREET ADDRESS	1201 AUSTRALIAN AVENUE	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINLEY, ANITA	
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	D	<input type="checkbox"/> Delete
NAME	ORR, JOSEPH	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: *Constance* **REQUIRED**      Date: 2/3/2000      Daytime Phone #: 361-842-3213

CR2E037 (9/99)