




2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90034 025 ****70.00

DOCUMENT # 763764					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01082004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2201240		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAIRD, JOYCE W. 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTEN, JAMES		NAME		
STREET ADDRESS	1201 AUSTRALIAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKOX, DANIELLE		NAME		
STREET ADDRESS	1201 AUSTRALIAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, MELANIE		NAME	Glass, Clinton	
STREET ADDRESS	1201 AUSTRALIAN AVENUE		STREET ADDRESS	1201 Australian Avenue	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, MICHELE		NAME		
STREET ADDRESS	1201 AUSTRALIAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAIRD, JOYCE		NAME		
STREET ADDRESS	1201 AUSTRALIAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Chester, Sally	
STREET ADDRESS			STREET ADDRESS	1201 Australian Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Riviera Beach, FL 33404	
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: 		Joyce W. Laird		3-29-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	