


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 763764
 1. Entity Name
 HOUSING CORPORATION OF THE PALM BEACH COUNTY A.R.C.



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

DO NOT WRITE IN THIS SPACE



01042006 No Chg-NP CR2E037 (11/05)

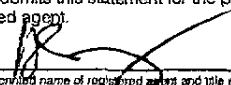
4. FEI Number Applied For
 59-2201240 Not Applicable

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

6. Name and Address of Current Registered Agent
 OLSHANSKY, HOWARD S
 1201 AUSTRALIAN AVENUE
 RIVIERA BEACH, FL 33404

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

Filing Fee is \$61.25
Due by May 1, 2006

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

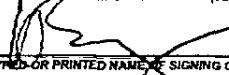
10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCCARTEN, JAMES
STREET ADDRESS	1201 AUSTRALIAN AVENUE
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	D
NAME	HICKOX, DANIELLE
STREET ADDRESS	1201 AUSTRALIAN AVENUE
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	D
NAME	GLASS, CLINTON
STREET ADDRESS	1201 AUSTRALIAN AVENUE
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	DVP
NAME	POOLE, MICHELE
STREET ADDRESS	1201 AUSTRALIAN AVENUE
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	D
NAME	OLSHANSKY, HOWARD S
STREET ADDRESS	1201 AUSTRALIAN AVENUE
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	D
NAME	CHESTER, SALLY
STREET ADDRESS	1201 AUSTRALIAN AVE
CITY-ST-ZIP	RIVIERA BEACH, FL 33404

U00000390037
 01/23/06-80003-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Howard S. Olshansky 1-5-06 561-842-3213**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #