


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90044 026 \*\*\*\*70.00

<b>DOCUMENT # 763764</b> 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2201240</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  OLSHANSKY, HOWARD S 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404			7. Name and Address of New Registered Agent Name <b>Michael Papa</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 Australian Avenue</b> City <b>Riviera Beach</b> <b>FL</b> <b>33404</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCCARTEN, JAMES 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HICKOX, DANIELLE 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLASS, CLINTON 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Karen Vaughan 1201 Australian Avenue Riviera Beach, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP POOLE, MICHELE 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLSHANSKY, HOWARD S 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Michael Papa 1201 Australian Avenue Riviera Beach, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHESTER, SALLY 1201 AUSTRALIAN AVE RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gordon Gaster 1201 Australian Avenue Riviera Beach, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2 Feb 08 <small>Date</small>	
				561-842-3213 <small>Daytime Phone</small>	

40041011



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