


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # 763764**

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



40041011



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

Mailing Address  
**1201 AUSTRALIAN AVENUE  
 RIVIERA BEACH, FL 33404**

01082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number  
**59-2201240**

Applied For  
 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**

7. Name and Address of New Registered Agent

Name **Michael Papa**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1201 Australian Avenue**  
 City **Riviera Beach FL 33404**

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, 2008**

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

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCARTEN, JAMES	
STREET ADDRESS	1201 AUSTRALIAN AVENUE	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HICKOX, DANIELLE	
STREET ADDRESS	1201 AUSTRALIAN AVENUE	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLASS, CLINTON	
STREET ADDRESS	1201 AUSTRALIAN AVENUE	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	POOLE, MICHELE	
STREET ADDRESS	1201 AUSTRALIAN AVENUE	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLSHANSKY, HOWARD S	
STREET ADDRESS	1201 AUSTRALIAN AVENUE	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHESTER, SALLY	
STREET ADDRESS	1201 AUSTRALIAN AVE	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	

**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	Karen Vaughan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1201 Australian Avenue	
STREET ADDRESS	Riviera Beach, FL 33404	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Michael Papa	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1201 Australian Avenue	
STREET ADDRESS	Riviera Beach, FL 33404	
CITY-ST-ZIP		
TITLE	Gordon Gaster	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1201 Australian Avenue	
STREET ADDRESS	Riviera Beach, FL 33404	
CITY-ST-ZIP		

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:** \_\_\_\_\_ **2 Feb 08** **561-842-3213**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone