

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 03, 2009
Secretary of State**

DOCUMENT# 763764

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

Current Principal Place of Business:

1201 AUSTRALIAN AVENUE
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

1201 AUSTRALIAN AVENUE
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 59-2201240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAPA, MICHAEL
1201 AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33404 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCCARTEN, JAMES
Address: 1201 AUSTRALIAN AVENUE
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D (X) Delete
Name: VAUGHAN, KAREN
Address: 1201 AUSTRALIAN AVENUE
City-St-Zip: RIVIERA BEACH, FL 33404

Title: DVP () Delete
Name: POOLE, MICHELE
Address: 1201 AUSTRALIAN AVENUE
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: PAPA, MICHAEL
Address: 1201 AUSTRALIAN AVENUE
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: GORDON, GASTER
Address: 1201 AUSTRALIAN AVENUE
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: GORDON, GASTER
Address: 1201 AUSTRALIAN AVENUE
City-St-Zip: RIVIERA BEACH, FL 33404

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. PAPA

ED

02/03/2009

Electronic Signature of Signing Officer or Director

Date