

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000000125
1. Entity Name
**HOUSING AUTHORITY OF POMPANO BEACH
AFFORDABLE HOUSING CORPORATION**



Principal Place of Business
**321 W ATLANTIC BLVD
POMPANO BEACH, FL 33060**

Mailing Address
**P.O. BOX 2006
POMPANO BEACH, FL 33061-2006**



04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1110240	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

**ADDERLY, RALPH W
321 W ATLANTIC BLVD
POMPANO BEACH, FL 33060**

**DO NOT WRITE
IN THIS SPACE**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	CD POITER, WOODROW 901 NW 4TH AVE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GLENN, JIMMIE 416 NW 9TH AVE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, A L 2200 CYPRESS BEND DRIVE, UNIT 105 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, ADRIAAN 1071 SE 9TH AVE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEATH, WILLIE R 1651 NW 6TH AVE POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000510988^M
04/29/06-80030-011 70.00^M

**DO NOT WRITE
IN THIS SPACE**

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: *Ralph W Adderly* **4/14/06** **954 785 7200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #