

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90157 022 ****70.00

DOCUMENT # N02000006417 1. Entity Name PALM BEACH COUNTY AFFORDABLE HOUSING COLLABORATIVE, INC.					
Principal Place of Business 100 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33426			Mailing Address P.O. BOX 1726 WEST PALM BEACH, FL 33402		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01212005 Chg-NP CR2E037 (10/03)	
4. FEI Number NOT APPLICABLE				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAMS, MICHAEL 100 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33426			Name CARLTON SMITH Street Address (P.O. Box Number is Not Acceptable) 423 FERN STREET, SUITE 200 City WEST PALM BEACH FL Zip Code 33401		
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 <i>Carlton L. Smith</i> CARLTON SMITH PRESIDENT 2/25/05 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, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, MICHAEL 100 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33426	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLTON SMITH 423 FERN STREET, SUITE 200 WEST PALM BEACH, FL 33401	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, CARLTON 423 FERN STREET, STE 200 WEST PALM BEACH, FL 33401	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAURA STEMPLE 127 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33426	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SNYDER, SONIA 205 DATURA STREET, 10TH FLOOR WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICULESCU, SIMONA 2201 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Carlton L. Smith</i> CARLTON SMITH PRESIDENT 2/25/05 561-655-8944 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					