

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90110 036 ****61.25

0010366

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1. Entity Name

PALM BEACH COUNTY AFFORDABLE HOUSING COLLABORATIVE, INC.



Principal Place of Business

1555 PALM BEACH LAKES BLVD SUITE 1500
WEST PALM BEACH FL 33401

Mailing Address

1555 PALM BEACH LAKES BLVD SUITE 1500
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

P.O. BOX 1726

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FLORIDA

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

33402

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, ANNETTA
1555 PALM BEACH LAKES BLVD SUITE 1500
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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: D Delete
NAME: HANLEY, MAUREEN
STREET ADDRESS: 100 N CONGRESS AVENUE
CITY-ST-ZIP: BOYNTON BEACH FL 33426

TITLE: PRESIDENT Change Addition
NAME: SUE ANN PAINE
STREET ADDRESS: 777 SOUTH FLAGLER DRIVE, SUITE 140E
CITY-ST-ZIP: WEST PALM BEACH, FL 33401

TITLE: D Delete
NAME: LEE, DERRICK
STREET ADDRESS: 2330 CONGRESS AVENUE SOUTH SUITE 1A
CITY-ST-ZIP: WEST PALM BEACH FL 33406

TITLE: VICE PRESIDENT Change Addition
NAME: MIKE WILLIAMS
STREET ADDRESS: 1536A SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP: DELRAY-BEACH, FL 33483

TITLE: TD Delete
NAME: BANKS, CHERYL LYNN
STREET ADDRESS: 11300 US HWY 1
CITY-ST-ZIP: NORTH PALM BECH FL 33408

TITLE: TREASURER Change Addition
NAME: CARLTON SMITH
STREET ADDRESS: 423 FERN STREET, SUITE 200
CITY-ST-ZIP: WEST PALM BEACH, FL 33401

TITLE: SD Delete
NAME: JOHNSON, ERIC
STREET ADDRESS: 8750 DORAL BLVD 1ST FLOOR
CITY-ST-ZIP: MIAMI FL 33178

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: D Delete
NAME: JULIUS, LUPE
STREET ADDRESS: 2200 N FLORIDA MANGO ROAD
CITY-ST-ZIP: WEST PALM BEACH FL 33409

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: D Delete
NAME: LEE, THERESA L
STREET ADDRESS: 2255 GLADES ROAD SUITE 150W
CITY-ST-ZIP: BOCA RATON FL 33431

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
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: CARLTON L. SMITH 9/2/03 561-655-8744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)