


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90355 010 ****61.25

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DOCUMENT # N02774					
1. Entity Name FLORIDA STATE B'NAI B'RITH SENIOR CITIZENS HOUSING CORPORATION, INC.					
Principal Place of Business 299 SW 3RD AVE. DEERFIELD BEACH, FL 33441			Mailing Address 299 SW 3RD AVE. DEERFIELD BEACH, FL 33441		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2412944	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KONIGSBURG, LEONARD 1975 SE 3RD STREET, #1102 DEERFIELD BEACH, FL 33441			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 _____ (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. <input type="checkbox"/>		\$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	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHAMOVITCH, DONALD E.		NAME		
STREET ADDRESS	109 OXFORD CIR.		STREET ADDRESS		
CITY-ST-ZIP	WILLIAMSBURG, VA 23185		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFINO, GLADYS		NAME		
STREET ADDRESS	3005 PORTOFINO ISLE M3		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENTIN, ARTHUR		NAME	22612 Esplanada Circle W	
STREET ADDRESS	9831 HARBOR LAKES CIRCLE		STREET ADDRESS	Boca Raton, FL 33433	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINKER, LEONARD		NAME		
STREET ADDRESS	4710 NE 26 AVE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHSBAUM, PHYLLIS		NAME		
STREET ADDRESS	10654 BEACH PALM COURT		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Annette Wittenberg		NAME		
STREET ADDRESS	22612 Esplanada Circle W		STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33433		CITY-ST-ZIP		

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: *Annette Wittenberg* **3/23/2005** **561-750-2233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #