

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000709

FILED
Feb 28, 2008
Secretary of State

Entity Name: DISABILITY HOUSING INITIATIVE OF PALM BEACH, INC.

Current Principal Place of Business:

4684 DAVIS ROAD
LAKE WORTH, FL 33461

New Principal Place of Business:

4037 DAVIS ROAD
SUITE 10
LAKE WORTH, FL 33461

Current Mailing Address:

4684 DAVIS ROAD
LAKE WORTH, FL 33461

New Mailing Address:

4037 DAVIS ROAD
SUITE 10
LAKE WORTH, FL 33461

FEI Number: 65-1195135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, CHRIS
4684 DAVIS ROAD
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

HAYES, CHRIS
4037 DAVIS ROAD
SUITE 10
LAKE WORTH, FL 33461 US

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: CHRIS HAYES

02/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: HAYES, CHRIS
Address: 4684. DAVIS ROAD
City-St-Zip: LAKE WORTH, FL 33461

Title: VPD (X) Delete
Name: STRUWE, DON
Address: 4688 GREEN TREE PATH
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D (X) Delete
Name: COLLINS, PALMA
Address: 6929 STONEY CREEK CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: D (X) Delete
Name: KLIEN, JEFF
Address: 1119 HIGH VIEW ROAD
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: KOSS, SUSAN
Address: 4680 DAVIS ROAD
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: FERNANDEZ, MICHELE
Address: 4754 FOX HUNT TRAIL
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: HAYES, CHRIS
Address: 4037. DAVIS ROAD
City-St-Zip: LAKE WORTH, FL 33461

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

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: CHRIS HAYES

MR

02/28/2008

Electronic Signature of Signing Officer or Director

Date