

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90388 010 \*\*\*\*70.00

**DOCUMENT # N05000006229**

1. Entity Name  
**THE PARTNERSHIP CONSTRUCTION AND DEVELOPMENT CORPORATION**



Principal Place of Business  
**319 CLEMATIS  
STREET STE 409  
WEST PALM BEACH, FL 33401**

Mailing Address  
**319 CLEMATIS  
STREET STE 409  
WEST PALM BEACH, FL 33401**

40057101



2. Principal Place of Business  
**2001 W. Blue Heron Blvd.**

3. Mailing Address  
**2001 W. Blue Heron Blvd.**

Suite, Apt. #, etc.

03292006 Chg-NP CR2E037 (11/05)

City & State  
**Riviera Beach, FL**

City & State  
**Riviera Beach, FL**

Zip  
**33404**

Country  
**USA**

Zip  
**33404**

Country  
**USA**

4. FEI Number  
**20-3202971**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORBETT, JOHN  
C/O HOUSING PARTNERSHIP, INC.  
2001 BLUE HERON BLVD  
RIVIERA PALM BEACH, FL 33407**

7. Name and Address of New Registered Agent

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, 2006**

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	<b>C John Corbett</b> <input type="checkbox"/> Delete <b>2001 W. Blue Heron Boulevard Riviera Beach, FL 33404</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PT Arthur Fufidio</b> <input type="checkbox"/> Delete <b>2001 W. Blue Heron Boulevard Riviera Beach, FL 33404</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD Patrick McNamara</b> <input type="checkbox"/> Delete <b>2001 W. Blue Heron Boulevard Riviera Beach, FL 33404</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** John Corbett, Chair **3/29/06 (561) 841-3500 x1065**

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