

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009920

FILED
May 30, 2008
Secretary of State

Entity Name: WEST PALM BEACH HOUSING AUTHORITY AT MERRYPLACE, INC.

Current Principal Place of Business:

1715 DIVISION AVE.
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1715 DIVISION AVE.
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 20-1690648 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JAMES, ELAINE J
ONE NORTH CLEMATIS ST., SUITE 400
WEST PALM BEACH, FL 33401 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: ROBINSON, LAUREL
Address: 1715 DIVISION AVE.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: CPBC () Delete
Name: STAR, THYRA ECHOLS
Address: 1715 DIVISION AVE.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VCBC () Delete
Name: ST. LAWRENCE, CHARLES
Address: 1715 DIVISION AVE.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: FOREMAN, SEYMORE
Address: 1715 DIVISION AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: SCRUGGS, ZENOBIA
Address: 1715 DIVISION AVE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LAUREL ROBINSON

ED

05/30/2008

Electronic Signature of Signing Officer or Director

Date