2003 CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5/.

FILED
May 30, 2003 8:00 am
Secretary of State
05-05-2003 90714 035 ***150.00

J5044042

DOCUMENT # N05000009920

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

Principal Place of Business	Mailing Address
~~3801 GEORGIA AVENUE~~ 1715 Division Ave	~~3801 GEORGIA AVENUE~~
WEST PALM BEACH FL ~~33405~~ 33407	~~WEST PALM BEACH FL 33405~~

2. Principal Place of Business	3. Mailing Address
1715 Division Ave	1715 Division Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33407 Country: USA	Zip: 33407 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number — ✓ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMES, ELAINE J ~~1645 PALM BEACH LAKES BLVD., SUITE 1200~~ ~~WEST PALM BEACH FL 33401~~	Name Street Address (P.O. Box Number is Not Acceptable): One North Clematis St., Suite 400 City: West Palm Beach FL Zip Code: 33401

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: Elaine Johnson James, Elaine Johnson James 4/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be:$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Director Laurel Robinson 1715 Division Avenue W. Palm Beach, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairperson, Board of Commissioners Thyra Echols Stein 1715 Division Avenue W. Palm Beach, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Chairman, Bd. of Commissioners Seymour Foreman 1715 Division Avenue W. Palm Beach, FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 607, 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: Elaine Johnson James 4/27/03 (561) 820-0276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #