


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 04, 2008 8:00 am**  
**Secretary of State**

09-04-2008 90046 008 \*\*\*\*61.25

<b>DOCUMENT # N06000006656</b> 1. Entity Name NEW SMYRNA BEACH HOUSING AUTHORITY CITYWIDE RESIDENT COUNCIL, INC.	
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Principal Place of Business NEW SMYRNA BEACH HOUSING AUTHORITY 1101 S DIXIE FREEWAY NEW SMYRNA BCH, FL 32170	Mailing Address P.O. BOX 688 NEW SMYRNA BCH, FL 32168
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08292008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-8702640	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent  JONES, KATHLEEN 1101 S DIXIE FREEWAY NEW SMYRNA BCH, FL 32170
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'ROURKE, CONNIE 563 GREENLAWN APT 16 NEW SMYRNA BCH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHLIPF, HARRY 500 THIRD ST APT 1 NEW SMYRNA BCH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROCKWAY, JOAN 108 MILFORD PL #5 NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUDSON, MELISSA 1102 S ORNAGE ST APT 11 NEW SMYRNA BCH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Melissa Hudson Melissa Hudson 8/29/08 3864783001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #