

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006656

FILED  
Jun 23, 2009  
Secretary of State

**Entity Name:** NEW SMYRNA BEACH HOUSING AUTHORITY CITYWIDE RESIDENT COUNCIL, INC.

**Current Principal Place of Business:**

NEW SMYRNA BEACH HOUSING AUTHORITY  
1101 S DIXIE FREEWAY  
NEW SMYRNA BCH, FL 32170

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 688  
NEW SMYRNA BCH, FL 32168

**New Mailing Address:**

**FEI Number:** 20-8702640      **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:**

JONES, KATHLEEN  
1101 S DIXIE FREEWAY  
NEW SMYRNA BCH, FL 32170      US

**Name and Address of New Registered Agent:**

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: PD      ( ) Delete  
Name: O'ROURKE, CONNIE  
Address: 563 GREENLAWN APT 16  
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: VD      ( ) Delete  
Name: SCHLIPF, HARRY  
Address: 500 THIRD ST APT 1  
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: DS      ( ) Delete  
Name: BROCKWAY, JOAN  
Address: 108 MILFORD PL #5  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD      ( ) Delete  
Name: HUDSON, MELISSA  
Address: 1102 S ORNAGE ST APT 11  
City-St-Zip: NEW SMYRNA BCH, FL 32168

**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:

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: CONNIE O'ROURKE

PD

06/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date