

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000003747

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY COMMUNITY HOUSING AND LAND TRUST, INC.

**Current Principal Place of Business:**

181 SE 5TH AVENUE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

181 SE 5TH AVENUE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 27-2803038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, MICHAEL  
181 SE 5TH AVENUE  
DELRAY BEACH, FL 33483 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: D  
Name: BLACKLOCK, PETER  
Address: 222 LAKEVIEW AVENUE, SUITE 700  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D  
Name: CAMPBELL, MICHAEL  
Address: 181 SE 5TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: OWEN, MIKE  
Address: 2301 GLADES ROAD  
City-St-Zip: BOCA RATON, FL 33431

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL CAMPBELL

D

05/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date