


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N15077**  
 1. Entity Name  
 HOUSING DEVELOPMENT CORPORATION



Principal Place of Business: 8500 N.W. 25 AVE. MIAMI, FL 33147  
 Mailing Address: 8500 N.W. 25 AVE. MIAMI, FL 33147

**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 65-0205908  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FAIR, T. WILLARD  
 8500 N.W. 25 AVE.  
 MIAMI, FL 33147

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FAIR, T. WILLARD
STREET ADDRESS	8500 N.W. 25 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	GROSS, OLIVER
STREET ADDRESS	8500 NW 25 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	GAITER, R L
STREET ADDRESS	8500 NW 25 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 04/25/05 Daytime Phone #: 305-696-4450