


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90254 001 \*\*\*140.00

**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
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**DO NOT WRITE IN THIS SPACE**

03092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0205908	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

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

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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 reports 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:** *Talmadge W. Fair* **04/19/06** (305) 696-4450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 TALMADGE W. FAIR