

**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**

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



\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TALMADGE W. FAIR

04/19/06

(305) 696-4450