


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 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
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04152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0205908	Applied For Not Applicable
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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 restate) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

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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 05/10/07-80046-007 70.00

**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 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 Talmadge Co. Fair 04/26/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #