

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
JAMES B. MATHIAS  
Secretary of State  
Tallahassee, Florida 32399-0001

**APPROVED  
AND  
FILED**

CHIEF OF BUREAU 15

**DOCUMENT # N94000002429 (8)**

1. Corporation Number

**THE HOUSING AUTHORITY OF THE CITY OF NORTH LAUDERDALE, FLORIDA, INC.**

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**701 SOUTHWEST 71ST AVENUE  
NORTH LAUDERDALE FL 33068-2395**

**701 SOUTHWEST 71ST AVENUE  
NORTH LAUDERDALE FL 33068-2395**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                  |                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 3. Date incorporated or qualified<br><b>05/10/1994</b>                                                                                           | 3a. Date of Last Report                                                                    |
| 4. FIC Number                                                                                                                                    | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | <b>\$8.75 Additional Fee Required</b>                                                      |
| 6. Has this corporation (including Trust Fund Contributions) <input type="checkbox"/>                                                            | <b>\$5.00 May Be Added to Fees</b>                                                         |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>                                                                       | <b>\$68.75 Supplemental Fee Not Required</b>                                               |
| 8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                            |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. State, Apt. #, etc.        | 26. State, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOREN, SAMUEL M ESQ.  
3099 E. COMMERCIAL BLVD.  
SUITE 200  
FORT LAUDERDALE FL 33308**

|                                                      |
|------------------------------------------------------|
| 81. Name                                             |
| 82. Street Address, P.O. Box Number, Not Acceptation |
| 83.                                                  |
| 84. City                                             |
| 85. Zip Code                                         |

**FL**

11. Pursuant to the provisions of Sections 607.04(1) and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.04(1), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent Accepting Office

Signature of Registered Agent or Registered Agent Accepting Office

Witness

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS |                                                                   |
|----------------------------|--------------------------------|--------------------------------------------------|-------------------------------------------------------------------|
| NAME                       | D MORAN, KEVIN                 | 13.1 NAME                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 701 SW 71ST AVENUE             | 13.1 STREET ADDRESS                              |                                                                   |
| CITY, ST, ZIP              | NORTH LAUDERDALE FL 33068      | 13.1 CITY, ST, ZIP                               |                                                                   |
| NAME                       | D UNGER, GERTRUDE              | 13.2 NAME                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 701 SOUTHWEST 71ST AVENUE      | 13.2 STREET ADDRESS                              |                                                                   |
| CITY, ST, ZIP              | NORTH LAUDERDALE FL 33068-2395 | 13.2 CITY, ST, ZIP                               |                                                                   |
| NAME                       | D SCHEFFLER, FRED              | 13.3 NAME                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 701 SOUTHWEST 71ST AVENUE      | 13.3 STREET ADDRESS                              |                                                                   |
| CITY, ST, ZIP              | NORTH LAUDERDALE FL 33068-2395 | 13.3 CITY, ST, ZIP                               |                                                                   |
| NAME                       | D MAHARAJ, RAMSURAT            | 13.4 NAME                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 701 SOUTHWEST 71ST AVENUE      | 13.4 STREET ADDRESS                              |                                                                   |
| CITY, ST, ZIP              | NORTH LAUDERDALE FL 33068-2395 | 13.4 CITY, ST, ZIP                               |                                                                   |
| NAME                       | D SETTLE, PATRICIA             | 13.5 NAME                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 701 SOUTHWEST 71ST AVENUE      | 13.5 STREET ADDRESS                              |                                                                   |
| CITY, ST, ZIP              | NORTH LAUDERDALE FL 33068-2395 | 13.5 CITY, ST, ZIP                               |                                                                   |
| NAME                       |                                | 13.6 NAME                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                | 13.6 STREET ADDRESS                              |                                                                   |
| CITY, ST, ZIP              |                                | 13.6 CITY, ST, ZIP                               |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is completely furnished and does not qualify for the exemption stipulated in Sections 1301.02(1)(b) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made on the oath that I am an officer or director of the corporation or the treasurer or business empowereed in connection with this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or on an attached form with an address.

**SIGNATURE: Veronica B. Wasserman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/95 (305) 724-7066**  
Date and Telephone Number

**Executive Director**