

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002429 (8)

1. Corporation Name
**THE HOUSING AUTHORITY OF THE CITY OF NORTH LAUDE
RDAL, FLORIDA, INC.**

Principal Place of Business Mailing Address
**701 SOUTHWEST 71ST AVENUE
NORTH LAUDERDALE FL 33068-2395**



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

3. Date Incorporated or Qualified **05/10/1994** 3a. Date of Last Report **05/01/1995**
4. FEI Number **APPLIED FOR**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GOREN, SAMUEL M ESQ.
3099 E. COMMERCIAL BLVD.
SUITE 200
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D MORAN, KEVIN <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	701 SW 71ST AVENUE	1.2 NAME Lea, Brett
STREET ADDRESS	NORTH LAUDERDALE FL 33068	1.3 STREET ADDRESS 1403 SW 83 AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP NORTH LAUDERDALE, FL 33068
TITLE	D UNGER, GERTRUDE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	701 SOUTHWEST 71ST AVENUE	2.2 NAME
STREET ADDRESS	NORTH LAUDERDALE FL 33068-2395	2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	D SCHEFFLER, FRED <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	701 SOUTHWEST 71ST AVENUE	3.2 NAME
STREET ADDRESS	NORTH LAUDERDALE FL 33068-2395	3.3 STREET ADDRESS 800001917358
CITY-ST-ZIP		3.4 CITY-ST-ZIP -08/09/96--01013--002
TITLE	D MAHARAJ, RAMSURAT <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	701 SOUTHWEST 71ST AVENUE	4.2 NAME
STREET ADDRESS	NORTH LAUDERDALE FL 33068-2395	4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	D SETTLE, PATRICIA <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	701 SOUTHWEST 71ST AVENUE	5.2 NAME Levy, Philip
STREET ADDRESS	NORTH LAUDERDALE FL 33068-2395	5.3 STREET ADDRESS 6618 Settlement 701 SOUTHWEST 71ST AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP NORTH LAUDERDALE, FL 33068
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME VERONICA B. WASSERMAN
STREET ADDRESS		6.3 STREET ADDRESS 701 SW 71 AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Veronica B. Wasserman VERONICA B. WASSERMAN 5/28/96 (954) 727-7066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)