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Mar 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002429

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

Principal Place of Business 701 SOUTHWEST 71ST AVENUE NORTH LAUDERDALE FL 33068-2395	Mailing Address 701 SOUTHWEST 71ST AVENUE NORTH LAUDERDALE FL 33068-395 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 05/10/1994	4. FEI Number 65-0686260	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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	FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LEA, BRETT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEA, BRETT	1.2 NAME	
STREET ADDRESS	701 SW 71ST AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D UNGER, GERTRUDE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNGER, GERTRUDE	2.2 NAME	
STREET ADDRESS	701 SOUTHWEST 71ST AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068-2395	2.4 CITY-ST-ZIP	
TITLE	D SCHEFFLER, FRED <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEFFLER, FRED	3.2 NAME	
STREET ADDRESS	701 SOUTHWEST 71ST AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068-2395	3.4 CITY-ST-ZIP	
TITLE	D MAHARAJ, RAMSURAT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHARAJ, RAMSURAT	4.2 NAME	
STREET ADDRESS	701 SOUTHWEST 71ST AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068-2395	4.4 CITY-ST-ZIP	
TITLE	D LEVY, PHILIP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, PHILIP	5.2 NAME	
STREET ADDRESS	701 SOUTHWEST 71ST AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068-2395	5.4 CITY-ST-ZIP	
TITLE	D WASSERMAN, VERONICA B <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSERMAN, VERONICA B	6.2 NAME	
STREET ADDRESS	701 SW 71 AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Veronica B. Wasserman 3/15/99 (954) 724-7069
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)