


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90166 007 ****61.25

DOCUMENT # N94000002429 1. Entity Name THE HOUSING AUTHORITY OF THE CITY OF NORTH LAUDERDALE, 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03162005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0686260				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOREN, SAMUEL M ESQ. 3099 E. COMMERCIAL BLVD. SUITE 200 FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Samuel M Goren</i></u> 4/6/05. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLDAN, NIVIA 701 SOUTHWEST 71ST AVENUE NORTH LAUDERDALE, FL 330682395	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHARAJ, RAMSURAT 701 SOUTHWEST 71ST AVENUE NORTH LAUDERDALE, FL 330682395	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBREEN, BHATTY 701 SW 71 AVENUE NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBOCK, MICHAEL 701 SW 71ST AVENUE NORTH LAUDERDALE, FL 330682395	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED-HOLGUIN, TAMMY 701 SW 71st AVENUE NORTH LAUDERDALE, FL 330682395
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIGAN, LARRY 701 SW 71ST AVE POMPANO BEACH, FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MARK 701 SW 71ST AVE POMPANO BEACH, FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Nira Roldan</i></u> 3/30/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					