


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # N94000002429</b>					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0686260	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOREN, SAMUEL M ESQ. 3099 E. COMMERCIAL BLVD. SUITE 200 FORT LAUDERDALE, FL 33308			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 <i>Samuel Goren</i>				DATE 4/6/05	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROLDAN, NIVIA		NAME		
STREET ADDRESS	701 SOUTHWEST 71ST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NORTH LAUDERDALE, FL 330682395		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAHARAJ, RAMSURAT		NAME		
STREET ADDRESS	701 SOUTHWEST 71ST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NORTH LAUDERDALE, FL 330682395		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMBREEN, BHATTY		NAME		
STREET ADDRESS	701 SW 71 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DEBOCK, MICHAEL		NAME	D REED-HOLGUIN, TAMMY	
STREET ADDRESS	701 SW 71ST AVENUE		STREET ADDRESS	701 SW 71st AVENUE	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 330682395		CITY-ST-ZIP	NORTH LAUDERDALE, FL 330682395	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLIGAN, LARRY		NAME		
STREET ADDRESS	701 SW 71ST AVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33068		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, MARK		NAME		
STREET ADDRESS	701 SW 71ST AVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33068		CITY-ST-ZIP		
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: <i>Mira Roldan</i>				DATE 3/30/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	