


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 08:00 AM
Secretary of State

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
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01242006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 65-0686260	Applied For 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

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROLDAN, NIVIA
STREET ADDRESS	701 SOUTHWEST 71ST AVENUE
CITY-ST-ZIP	NORTH LAUDERDALE, FL 330682395
TITLE	D
NAME	MAHARAJ, RAMSURAT
STREET ADDRESS	701 SOUTHWEST 71ST AVENUE
CITY-ST-ZIP	NORTH LAUDERDALE, FL 330682395
TITLE	D
NAME	AMBREEN, BHATTY
STREET ADDRESS	701 SW 71 AVENUE
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	D
NAME	REED-HOLGUIN, TAMMY
STREET ADDRESS	701 SW 71ST AVENUE
CITY-ST-ZIP	NORTH LAUDERDALE, FL 330682395
TITLE	D
NAME	MILLIGAN, LARRY
STREET ADDRESS	701 SW 71ST AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33068
TITLE	D
NAME	JOHNSON, MARK
STREET ADDRESS	701 SW 71ST AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33068

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05/20/06-80055-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: AMBREEN BHATTY 5/1/06 954-724-7065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #