

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 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**



02122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0686260

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROLDAN, NIVIA
701 SOUTHWEST 71ST AVENUE
NORTH LAUDERDALE, FL 330682395**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAHARAJ, RAMSURAT
701 SOUTHWEST 71ST AVENUE
NORTH LAUDERDALE, FL 330682395**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AMBREEN, BHATTY
701 SW 71 AVENUE
NORTH LAUDERDALE, FL 33068**

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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, MARK
701 SW 71ST AVE
POMPANO BEACH, FL 33068**

U00000646254
03/06/07-80022-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMBREEN BHATTY

Date

Daytime Phone #

2/12/07 954-724-7065