


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 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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03212008 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 <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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

U00000876231  
 04/11/08-80066-010 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 Bhatti **AMBREEN BHATTY** 3/21/08 954-724-7065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #