05-10-1999 90160 016 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000078549

1. Corporation Name

NEIGHBORHOOD HOUSING CORPORATION

NEIGHB										
Principal Place	of Business	Mailing Address						,		
1130 NORTH FI	AGLER DRIVE	1130 NORTH FLAGLER DRIVE								
FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 3330)4							
							DO NOT WRITE	IN THIS	SPACE	
							3. Date Incorporated or Qualifed			
							09/11/1998			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 086 4058	2	<u> </u>	oplied For	
21		26				65-0867036	<u> </u>		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	5. Certifcate of Status Desired	⊐	\$8.75		
22		27						Fee Re		
City & State	e	City & State				6. Election Campaign Financing	_	\$5.00	, ,	
23		28					Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	Cour	ntry			This corporation owes the current	, year Int		
24	25	29	30				Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent		1			10. Name and Address of New Reg	istered	Agent	
	100 10E 500			81	Name					
POPLACK, ARIEL ESQ.			ŀ	82	Street A	ddres	is (P.O. Box Number is Not Acceptable	3)		
	SOUTH STATE ROAD 7									
PLAN	NATATION FL 33317			83						
				84	City				85 Zip	Code
				**	City			FL	. 65 Zip	Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was ations of, Section 607.0505, Fl	authorized orida Statu	by ites.	the corpor	ration	ation submits this statement for the pu 's board of directors. I hereby accept t	ne appoi	ntment as re	egistered
0.01.110.12	Signature, typed or printed name of registered age		E: Registered	Agen	t signature rec	quired w	hen reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICE	ERS AN		
TITLE	PTD	☐ DELETE 1.		1.1 TITLE					☐ Change	☐ Addition
NAME	HART, MICHAEL		1.2 NA	1.2 NAME						
STREET ADDRESS	1130 NORTH FLAGLER DRIVE		1.3 STREET ADD		ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		1.4 CITY-ST-ZIP							
TITLE	VSD	☐ DELETE 2.1		2.1 TITLE					Change Change	Addition
NAME	GOLDESTEIN, DANIEL	_		22 NAME G		601	LDSTEIN, DANIEL			{
STREET ADDRESS	1130 NORTH FLAGLER DRIVE		2.3 STI	REET	ADDRESS	•	•			
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		2. 4 CT	TY-S	T-ZIP					
TITLE			_	3.1 TITLE					☐ Change	☐ Addition
NAME			3.2 NA	ME						
STREET ADDRESS					ADDRESS					
			3.4. CI							
CITY-ST-ZIP		☐ DELETE	4.1 TIT	_	1-211				Change	Addition
		_	4. 2 N						•	
NAME CTREET ADDRESS			4.3 STREET ADDRESS		ADDDECC					j
STREET ADDRESS					1					
CITY-ST-ZIP		☐ DELETE	4.4 CIT		I-ZIP				Change	Addition
TITLE		☐ bereie	5.1 TIT 5.2 NA						L_I onlings	
NAME			1		ADDRESS					
STREET ADDRESS	1				ADDRESS					İ
CITY-ST-ZIP			5.4 CIT		I-ZIP					□ Addition-
TITLE		☐ DELETE	6.1 TIT						Change	☐ Addition
NAME			6.2 NA							
STREET ADDRESS			63 ST	REET	ADDRESS					

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP