

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000125

**Entity Name:** HOUSING AUTHORITY OF POMPANO BEACH AFFORDABLE HOUSING CORPORATION

**FILED**  
**Feb 04, 2015**  
**Secretary of State**  
**CC0323706016**

**Current Principal Place of Business:**

321 W ATLANTIC BLVD  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

P.O. BOX 2006  
POMPANO BEACH, FL 33061-2006

**FEI Number: 65-1110240**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ADDERLY, RALPH W  
321 W ATLANTIC BLVD  
POMPANO BEACH, FL 33060 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CD  
Name GLENN, JIMMIE  
Address 416 NW 9TH AVE  
City-State-Zip: POMPANO BEACH FL 33060

Title D  
Name RHONE, CAROLYN  
Address 780 N.E. 23 TERRACE  
City-State-Zip: POMPANO BEACH FL 33069

Title DV  
Name SUTTON, GLADYS  
Address 2731 N.E. 2 TERRACE  
City-State-Zip: POMPANO BEACH FL 33064

Title D  
Name HEATH, WILLIE R  
Address 1510 NW 17TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33060

Title S  
Name ADDERLY, RALPH W  
Address 321 WEST ATLANTIC BOULEVARD  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name MCLAMORE, GARY  
Address 321 W ATLANTIC BLVD  
City-State-Zip: POMPANO BEACH FL 33060

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RALPH W. ADDERLY**

**SECRETARY**

**02/04/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date