

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0100000125

**FILED**  
**Mar 06, 2023**  
**Secretary of State**  
**3972474645CC**

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

**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:**

ROBINSON, LENNARD N  
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:** LENNARD N. ROBINSON

03/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title SECRETARY  
Name ROBINSON, LENNARD N  
Address 321 W ATLANTIC BLVD  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name MCLAMORE, GARY E  
Address 1751 NW 6 AVENUE  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name JONES, CARMEN  
Address 721 NW 16 STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name POITIER, WOODROW J  
Address 901 NW 4 AVENUE  
City-State-Zip: POMPANO BEACH FL 33060

Title VC  
Name METEVIA, WHITNEY  
Address 1201 NE 3 STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title CHAIRMAN  
Name RAWLS, WHITNEY  
Address 1529 NW 4 AVENUE  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name OLBEL, MIKELANGE  
Address 110 NE 27TH STREET  
City-State-Zip: POMPANO BEACH FL 33064

*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:** LENNARD N. ROBINSON

**REGISTERED AGENT**

03/06/2023

Electronic Signature of Signing Officer/Director Detail

Date

**DRC**

**PZ23-12000016**  
**07/05/2023**