


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90016 014 ****61.25

DOCUMENT # F01000004732						
1. Entity Name ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION						
Principal Place of Business 1580 SAWGRASS CORPORATE PARKWAY SUITE 210 FORT LAUDERDALE, FL 33323			Mailing Address 1580 SAWGRASS CORP. PKWY #210 FORT LAUDERDALE, FL 33323 US			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
4. FEI Number 65-0665009				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
SCHMELZER-ERICA 1580 SAWGRASS CORPORATE PARKWAY, #210 SUNRISE, FL 33323			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COYLE, STEPHEN		NAME	Kenneth L. Worley		
STREET ADDRESS	1717 K STREET NW		STREET ADDRESS	10337 Akinsville Drive		
CITY-ST-ZIP	WASHINGTON, DC 20006		CITY-ST-ZIP	Fortuna, Missouri 65034		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUNT, JOSEPH J		NAME	Steve Protulis		
STREET ADDRESS	1750 NEW YORK AVE., NW		STREET ADDRESS	1580 Sawgrass Corp. PKWY, STE. 210		
CITY-ST-ZIP	WASHINGTON, DC 20006		CITY-ST-ZIP	Ft. Lauderdale, FL 33323-2869		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PHILLIPS, SUSAN L		NAME	Maria C. Cordone		
STREET ADDRESS	1775 K STREET, NW		STREET ADDRESS	6100 Westchester Park Drive #1602		
CITY-ST-ZIP	WASHINGTON, DC 20006		CITY-ST-ZIP	College Park, MD 20740		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP-OPERATION	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LYNCH, LEON		NAME	Morton Bahr		
STREET ADDRESS	FIVE GATEWAY CENTER		STREET ADDRESS	501 3rd Street, NW 11th Floor		
CITY-ST-ZIP	PITTSBURGH, PA 15222		CITY-ST-ZIP	Washington, DC 20001-2797		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BECKER, JANE		NAME	Ed Romero		
STREET ADDRESS	172 STEEPLECHASE CIR.		STREET ADDRESS	1521 Eagle Ridge Rd. NE		
CITY-ST-ZIP	GIBSONIA, PA 15044		CITY-ST-ZIP	Albuquerque, NM 87122		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GEORGINE, ROBERT A		NAME	Marjorie Sims		
STREET ADDRESS	111 MASSACHUSETTS AVE. NW		STREET ADDRESS	Pequot Pharmaceutical Network 1 Annie George Dr., Bldg.#3		
CITY-ST-ZIP	WASHINGTON, DC 20001		CITY-ST-ZIP	Ledyard, CT. 06339		
12. 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 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: <i>Kenneth L. Worley</i>		KENNETH L. WORLEY		1/25/04 954-835-9200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		