


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90260 040 ****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		4. FEI Number 65-0665009	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SCHMELZER, ERICA 1580 SAWGRASS CORPORATE PARKWAY, #210 SUNRISE, FL 33323				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORLEY, KENNETH L		NAME	Fransetta, Tony	
STREET ADDRESS	10337 AKINSVILLE DRIVE		STREET ADDRESS	12773 W. Forest Hill Blvd., Suite 211	
CITY-ST-ZIP	FORTUNA, MO 65034		CITY-ST-ZIP	Wellington, FL 33414	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNT, JOSEPH J		NAME	Romero, Edward	
STREET ADDRESS	1750 NEW YORK AVE., NW		STREET ADDRESS	1521 Eagle Ridge Rd. NE	
CITY-ST-ZIP	WASHINGTON, DC 20006		CITY-ST-ZIP	Albuquerque, NM 87122	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP-Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, SUSAN L		NAME	Bahr, Morton	
STREET ADDRESS	7207 Maple Avenue		STREET ADDRESS	501 3rd St., N.W., 11th Floor	
CITY-ST-ZIP	Takoma Park, MD 20912		CITY-ST-ZIP	Washington, D.C. 20001-2797	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNCH, LEON		NAME	Marjorie Colebut	
STREET ADDRESS	FIVE GATEWAY CENTER		STREET ADDRESS	Mashantucket Pequot Tribal Nation Pequot Pharmaceutical Network	
CITY-ST-ZIP	PITTSBURGH, PA 15222		CITY-ST-ZIP	1 Annie George Drive, Building #3	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, JANE		NAME	Cordone, Maria	
STREET ADDRESS	172 STEEPLECHASE CIR.		STREET ADDRESS	9000 Machinists Place	
CITY-ST-ZIP	GIBSONIA, PA 15044		CITY-ST-ZIP	Upper Marlboro, MD 20772	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGINE, ROBERT A		NAME	Protulis, Steve	
STREET ADDRESS	111 MASSACHUSETTS AVE. NW		STREET ADDRESS	1580 Sawgrass Corporate Parkway, STE 210	
CITY-ST-ZIP	WASHINGTON, DC 20001		CITY-ST-ZIP	Ft. Lauderdale, FL 33323-2869	
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: <i>Kenneth L. Worley</i> KENNETH L. WORLEY		Date: 1/9/06		Daytime Phone #: 954-835-9200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					