

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004732

FILED
Apr 22, 2009
Secretary of State

Entity Name: ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION

Current Principal Place of Business:

1580 SAWGRASS CORPORATE PARKWAY
SUITE 210
FORT LAUDERDALE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1580 SAWGRASS CORP. PKWY
#210
FORT LAUDERDALE, FL 33323 US

New Mailing Address:

FEI Number: 65-0665009 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHMELZER, ERICA
1580 SAWGRASS CORPORATE PARKWAY, #210
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAHR, MORTON
Address: 2737 DEVONSHIRE PL. N.E., UNIT 220
City-St-Zip: WASHINGTON, DC 20008

Title: D () Delete
Name: HUNT, JOSEPH J
Address: 1750 NEW YORK AVE., NW
City-St-Zip: WASHINGTON, DC 20006

Title: TD () Delete
Name: PHILLIPS, SUSAN L
Address: 1775 K STREET, NW
City-St-Zip: WASHINGTON, DC 20006

Title: VPD () Delete
Name: GERARD, LEO W
Address: FIVE GATEWAY CENTER
City-St-Zip: PITTSBURGH, PA 15222

Title: VPD () Delete
Name: ROMERO, EDWARD L
Address: 1521 EAGEL RIDGE ROAD, N.E.
City-St-Zip: ALBUQUERQUE, NM 87122

Title: D () Delete
Name: FRANSETTA, TONY
Address: 12773 W FOREST HILL BLVD STE 211
City-St-Zip: WEST PALM BEACH, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MORTON BAHR

PD

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date