2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# N94000002150

Entity Name: SGI SUPPORTIVE HOUSING, INC.

Current Principal Place of Business:

STEIN GERONTOLOGICAL INSTITUTE
5200 NE 2ND AVE
MIAMI, FL 331372706

New Principal Place of Business:

Current Mailing Address:

STEIN GERONTOLOGICAL INSTITUTE
5200 NE 2ND AVE
MIAMI, FL 331372706

New Mailing Address:

FEI Number: 65-0492054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CYPEN, STEPHEN H
825 ARTHUR GODFREY ROAD
MIAMI, FL 33130 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: D ( ) Delete
Name: CYPEN, IRVING
Address: 825 ARTHUR GODFREY RD
City-St-Zip: MIAMI BEACH, FL 33130

Title: TD ( ) Delete
Name: CYPEN, WAYNE A
Address: 825 ARTHUR GODFREY RD
City-St-Zip: MIAMI BEACH, FL 33130

Title: SD ( ) Delete
Name: CYPEN, STEPHEN H
Address: 825 ARTHUR GODFREY RD
City-St-Zip: MIAMI BEACH, FL 33130

Title: VD ( ) Delete
Name: BECK, HAROLD
Address: 700 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: PD ( ) Delete
Name: BRADY, DAN
Address: 701 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

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
Name:
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 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: DAN BRADY PD 01/30/2006
Electronic Signature of Signing Officer or Director — Date