

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711856

Entity Name: CATHOLIC HOUSING FOR THE ELDERLY & HANDICAPPED, INC.**FILED**
Feb 05, 2021
Secretary of State
2002388134CC**Current Principal Place of Business:**11410 N. KENDALL DR
STE 306
MIAMI, FL 33176**Current Mailing Address:**11410 N. KENDALL DR
STE 306
MIAMI, FL 33176 US**FEI Number: 59-1097836****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**FITZGERALD, J. PATRICK
110 MERRICK WAY
SUITE 3B
CORAL GABLES, FL 33134 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VCSD
Name	WORLEY, ELIZABETH A
Address	C/O 9401 BISCAYNE BLVD
City-State-Zip:	MIAMI SHORES FL 33138

Title	P
Name	CATANIA, JOSEPH M
Address	291 N.W. 43 AVE.
City-State-Zip:	COCONUT CREEK FL 33066

Title	CD
Name	LAWSON, RALPH E
Address	6041 NW 74 TERRACE
City-State-Zip:	PARKLAND FL 33067

Title	DIRECTOR
Name	PANCIERA, MARK J
Address	6001 NORTH OCEAN DRIVE, #1202
City-State-Zip:	HOLLYWOOD FL 33019

Title	ASST. SECRETARY, DIRECTOR
Name	ZIRILLI, DAVID
Address	5220 JOHNSON STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	COO
Name	PALLIN, ARISTIDES
Address	630 SEVILLA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

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: JOSEPH M CATANIA**PRESIDENT****02/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date