

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711856

**FILED**  
**Mar 25, 2013**  
**Secretary of State**  
**CC5298657495****Entity Name:** CATHOLIC HOUSING FOR THE ELDERLY & HANDICAPPED, INC.**Current Principal Place of Business:**11410 N. KENDALL DR  
STE 201  
MIAMI, FL 33176**Current Mailing Address:**11410 N. KENDALL DR  
STE 201  
MIAMI, FL 33176 US**FEI Number:** 59-1097836**Certificate of Status Desired:** No**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         | C/O 6855 RED ROAD, STE. 600 |
| City-State-Zip: | CORAL GABLES FL 33143       |

|                 |                          |
|-----------------|--------------------------|
| Title           | D                        |
| Name            | CASALE, FRANKLYN         |
| Address         | C/O 16401 N.W. 37 AVENUE |
| City-State-Zip: | MIAMI FL 33054           |

|                 |                          |
|-----------------|--------------------------|
| Title           | ASD                      |
| Name            | MARIN, TOMAS             |
| Address         | C/O 5400 S.W. 102 AVENUE |
| City-State-Zip: | MIAMI FL 33165           |

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | JAMAL, ASIF           |
| Address         | 1028 COTORRO AVENUE   |
| City-State-Zip: | CORAL GABLES FL 33146 |

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

03/25/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date