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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: MELANIE RIBEIRO**

**PRESIDENT**

**06/14/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DEAN , ERIC  
Address C/O ELDERLY HOUSING DEVELOPMENT, AND OPERATIONS CORPORATION  
1580 SAWGRASS CORPORATE PKWY., STE. 100

City-State-Zip: FORT LAUDERDALE FL 33323

Title DIRECTOR  
Name FRANSETTA , TONY  
Address C/O ELDERLY HOUSING DEVELOPMENT, AND OPERATIONS CORPORATION  
1580 SAWGRASS CORPORATE PKWY., STE. 100

City-State-Zip: FORT LAUDERDALE FL 33323

Title DIRECTOR  
Name MELO , PAULO  
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1580 SAWGRASS CORPORATE PKWY., STE. 100

City-State-Zip: FORT LAUDERDALE FL 33323

Title DIRECTOR  
Name OLSEN , JOHN  
Address C/O ELDERLY HOUSING DEVELOPMENT, AND OPERATIONS CORPORATION  
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Title DIRECTOR  
Name SMITH , ROGER  
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Name FEINGOLD, ELLEN  
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Title DIRECTOR  
Name MARTINEZ , ROBERT  
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Title DIRECTOR  
Name MORET , LOU  
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Title DIRECTOR  
Name ROBERTS , CECIL  
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