

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000011539

Entity Name: EHDOC HIBISCUS GROVE CHARITABLE CORPORATION**Current Principal Place of Business:**1580 SAWGRASS CORPORATE PKWY., STE. 100
FORT LAUDERDALE , FL 33323**Current Mailing Address:**1580 SAWGRASS CORPORATE PKWY., STE. 100
FORT LAUDERDALE , FL 33323 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRESIDENT
Name RIBEIRO, MELANIE
Address C/O ELDERLY HOUSING
 DEVELOPMENT, AND OPERATIONS
 CORPORATION
 1580 SAWGRASS CORPORATE
 PKWY., STE. 100
City-State-Zip: FORT LAUDERDALE FL 33323

Title VP
Name GERARD, LEO W
Address C/O ELDERLY HOUSING
 DEVELOPMENT, AND OPERATIONS
 CORPORATION
 1580 SAWGRASS CORPORATE
 PKWY., STE. 100
City-State-Zip: FORT LAUDERDALE FL 33323

Title TREASURER
Name SCHMELZER , ERICA
Address C/O ELDERLY HOUSING
 DEVELOPMENT, AND OPERATIONS
 CORPORATION
 1580 SAWGRASS CORPORATE
 PKWY., STE. 100
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Title DIRECTOR
Name CARTER, MAZINE
Address C/O ELDERLY HOUSING
 DEVELOPMENT, AND OPERATIONS
 CORPORATION
 1580 SAWGRASS CORPORATE
 PKWY., STE. 100
City-State-Zip: FORT LAUDERDALE FL 33323

Title VP
Name ROMERO, EDWARD L
Address C/O ELDERLY HOUSING
 DEVELOPMENT, AND OPERATIONS
 CORPORATION
 1580 SAWGRASS CORPORATE
 PKWY., STE. 100
City-State-Zip: FORT LAUDERDALE FL 33323

Title SECRETARY
Name CORDONE, MARIA C
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 ANDERSON, MARY
Address C/O ELDERLY HOUSING
 DEVELOPMENT, AND OPERATIONS
 CORPORATION,
 1580 SAWGRASS CORPORATE
 PKWY., STE. 100
City-State-Zip: FORT LAUDERDALE FL 33323

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

07/19/2021

Electronic Signature of Signing Officer/Director Detail

Date