

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004732

FILED
Jan 14, 2014
Secretary of State
CC2332303083

Entity Name: ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION

Current Principal Place of Business:

1580 SAWGRASS CORPORATE PARKWAY
SUITE 210
FORT LAUDERDALE, FL 33323

Current Mailing Address:

1580 SAWGRASS CORP. PKWY
#210
FORT LAUDERDALE, FL 33323 US

FEI Number: 65-0665009

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIPLEY, ELENA
1580 SAWGRASS CORPORATE PARKWAY #210
SUNRISE, FL 33323 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: ELENA RIPLEY

01/14/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name BAHR, MORTON
Address 2737 DEVONSHIRE PL. N.E., UNIT 220
City-State-Zip: WASHINGTON DC 20008

Title D
Name HUNT, JOSEPH J
Address 1750 NEW YORK AVE., NW
City-State-Zip: WASHINGTON DC 20006

Title VPD
Name GERARD, LEO W
Address FIVE GATEWAY CENTER
City-State-Zip: PITTSBURGH PA 15222

Title VPD
Name ROMERO, EDWARD L
Address 1521 EAGEL RIDGE ROAD, N.E.
City-State-Zip: ALBUQUERQUE NM 87122

Title D
Name FRANSETTA, TONY
Address 12773 W FOREST HILL BLVD STE 211
City-State-Zip: WEST PALM BEACH FL 33414

Title TREASURER
Name SCHMELZER, ERICA
Address 1220 N. 74TH TERRACE
City-State-Zip: HOLLYWOOD FL 33024

Title SECRETARY
Name CORDONE, MARIA C
Address 7320 EDMONSTON ROAD
City-State-Zip: COLLEGE PARK MD 20740

Title DIRECTOR
Name PROTULIS, STEVE
Address 12536 NW 58 MANOR
City-State-Zip: CORAL SPRINGS FL 33076

Continues on page 2

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: MORTON BAHR

PRESIDENT

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CARTER, MAXINE
Address 5 GATEWAY CENTER
City-State-Zip: PITSSBURGH PA 15222

Title DIRECTOR
Name OLSEN, JOHN
Address 56 TOWN LINE ROAD
City-State-Zip: ROCKY HILL CT 06067

Title DIRECTOR
Name WEINER, MARK
Address 1 WEINGEROFF BLVD.
City-State-Zip: CRANSTON RI 02910

Title DIRECTOR
Name VILLANOVA, THOMAS
Address 8692 FLINT LANE
City-State-Zip: ORLAND PARK IL 60462

Title DIRECTOR
Name COLEBUT-JACKSON, MARJORIE
Address 2 MATTS PATH
P O BOX 3060
City-State-Zip: MASHANTUCKET CT 06338

Title DIRECTOR
Name SMITH, JOHN
Address 1200 WOODDED ACRES
City-State-Zip: WACO TX 76710

Title DIRECTOR
Name FEINGOLD, ELLEN
Address 150 ST. PAUL STREET
APT. 110
City-State-Zip: BROOKLINE MA 02446