2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004732

Entity Name: ELDERLY HOUSING DEVELOPMENT AND OPERATIONS

CORPORATION

Jan 14, 2014 Secretary of State CC2332303083

FILED

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

> Date Electronic Signature of Registered Agent

> > Name

Officer/Director Detail:

Title PΠ Title ח

BAHR, MORTON HUNT, JOSEPH J Name Name

Address 2737 DEVONSHIRE PL. N.E., UNIT 220 Address 1750 NEW YORK AVE., NW

City-State-Zip: WASHINGTON DC 20006 City-State-Zip: WASHINGTON DC 20008

Title **VPD**

VPD Title

ROMERO. EDWARD L Name Name GERARD, LEO W

1521 EAGEL RIDGE ROAD, N.E. Address Address FIVE GATEWAY CENTER

City-State-Zip: ALBUQUERQUE NM 87122 City-State-Zip: PITTSBURGH PA 15222

Title **TREASURER** Title D

SCHMELZER, ERICA Name FRANSETTA, TONY Address 1220 N. 74TH TERRACE

Address 12773 W FOREST HILL BLVD STE 211 City-State-Zip: HOLLYWOOD FL 33024

City-State-Zip: WEST PALM BEACH FL 33414 Title DIRECTOR

Title SECRETARY Name PROTULIS, STEVE Name CORDONE. MARIA C Address 12536 NW 58 MANOR

City-State-Zip: CORAL SPRINGS FL 33076 Address 7320 EDMONSTON ROAD

City-State-Zip: COLLEGE PARK MD 20740

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

Officer/Director Detail Continued:

DIRECTOR Title

Name CARTER, MAXINE Address **5 GATEWAY CENTER**

City-State-Zip: PITSSBURGH PA 15222

Title **DIRECTOR** Name OLSEN, JOHN

56 TOWN LINE ROAD Address

City-State-Zip: ROCKY HILL CT 06067

Title DIRECTOR

WEINER, MARK Name

1 WEINGEROFF BLVD. Address

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

MASHANTUCKET CT 06338 City-State-Zip:

Title DIRECTOR

Name SMITH, JOHN

Address 1200 WOODED 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