

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739837

(3)

1. Corporation Name

THE ELDERLY HOUSING CORPORATION OF SARASOTA, INC

Principal Place of Business

Mailing Address

1300 SIXTH STREET
SARASOTA FL 34236
US

1300 SIXTH STREET
SARASOTA FL 34236
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

PIERCE, RHONDA
1300 SIXTH STREET
SARASOTA FL 33577

3. Date Incorporated or Qualified

08/04/1977

4. FEI Number

59-6001286

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

VICTORIA A. MAIN

82 Street Address (P.O. Box Number is Not Acceptable)

1300 SIXTH STREET

83

SARASOTA, FL 34236

84 City

SARASOTA,

FL

85

Zip Code
34236

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Victoria A. Main

9/28/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	HOYT, GARY	1527 2ND STREET	SARASOTA FL 34236	<input type="checkbox"/>
D	MALONE, LAURAE	2205 JANIE POE DRIVE	SARASOTA FL 34234	<input checked="" type="checkbox"/>
D	THORPE, JR., PAUL	157 GARDEN LANE	SARASOTA FL 34242	<input type="checkbox"/>
D	CAMPBELL, LEON	3528 PRADO DRIVE	SARASOTA FL 34235	<input type="checkbox"/>
D	CONWAY, JACK	528 EL VERNONA	SARASOTA FL 34236	<input checked="" type="checkbox"/>
D	FRAZIER, DANNIE	2703 20TH STREET	SARASOTA FL 34234	<input type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	JANE GROSSMAN	4580 ASCOT CIRCLE S.	SARASOTA, FL 34235	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	TOM WALKER	1320 SIXTH STREET	SARASOTA, FL 34236	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	PEGGY ROBERTS	7501 BRADENTON RD.	SARASOTA, FL 34243	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	HOYT, GARY	1527 2ND STREET	SARASOTA, FL 34236	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	CAMPBELL, LEON	3526 PRADO DRIVE	SARASOTA, FL 34235	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY/TREASURER	VICTORIA A. MAIN	1300 SIXTH STREET	SARASOTA, FL 34236	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jane A. Grossman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/98

(941)351-7171

Date

Daytime Phone #

CR2E037 (5/98)