

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 739837

1. Entity Name
**THE ELDERLY HOUSING CORPORATION OF
SARASOTA, INC.**



FILED

07 JAN 19 PM 4:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT 06-07
12282006 REIN-NP CR2E099 (1/1/05)

Principal Place of Business
**1300 BOULEVARD OF THE ARTS
SARASOTA, FL 34236 US**

Mailing Address
**1300 BOULEVARD OF THE ARTS
SARASOTA, FL 34236 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-6001206 43-2101660

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VAZMINA, RUDY J
1300 BOULEVARD OF THE ARTS
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name **William O. Russell, III**

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

1300 Boulevard of the Arts

City **Sarasota**

FL Zip Code **34234**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **William O. Russell, III**

William O. Russell, III

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **CAMPBELL, LEON**
STREET ADDRESS **3526 PRADO DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VP** ☒ Delete
NAME **REDDING, RICHARD**
STREET ADDRESS **2653 22ND STREET**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **D** ☒ Delete
NAME **YOUNG, ALEX**
STREET ADDRESS **1655 SPRING CREEK DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **D** ☒ Delete
NAME **FINGER, DUANE G**
STREET ADDRESS **295 MORNINGSIDE DRIVE**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **D** ☒ Delete
NAME **HARVEY, TREVOR**
STREET ADDRESS **2117 BANNEKEN WAY**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **D** ☒ Delete
NAME **THORPE, JR, PAUL**
STREET ADDRESS **157 GARDEN LANE**
CITY-ST-ZIP **SARASOTA, FL 34242**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Carmen Valenti**
STREET ADDRESS **5710 Dorad Drive**
CITY-ST-ZIP **SARASOTA, FL 34243-3874**

TITLE **D** ☒ Change ☐ Addition
NAME **Dawn Rosebrough**
STREET ADDRESS **1320 Blvd. of the Arts #410**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
500086688455
01/30/07--01023--027 **297.50

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **William O. Russell, III**

William O. Russell, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 341-6210