

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740789

FILED
Apr 29, 2007
Secretary of State

Entity Name: NORTH DADE SENIOR CITIZENS HOUSING DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

103 NW 202 TERRACE
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

1580 SAWGRASS CORPORATE PKWY
SUITE 210
FORT LAUDERDALE, FL 333232669 US

New Mailing Address:

FEI Number: 59-1894611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CORDONE, MARIA C
Address: 9000 MACHINISTS PLACE
City-St-Zip: UPPER MARLBORO, MD 20772

Title: PD () Delete
Name: WORLEY, KENNETH L
Address: 10337 AKINSVILLE DRIVE
City-St-Zip: FORTUNA, MO 65034

Title: D () Delete
Name: PROTULIS, STEVE
Address: 1580 SAWGRASS CORPORATE PARKWAY #210
City-St-Zip: FORT LAUDERDALE, FL 333232869

Title: VD () Delete
Name: BILL HOLAYTER,
Address: EAST 900 DANA DR.
City-St-Zip: SHELTON, WA

Title: D () Delete
Name: DUBE, RAUL R
Address: 10813 N.W. 29TH STREET
City-St-Zip: MIAMI, FL 33172

Title: TD () Delete
Name: PHILLIPS, SUSAN L
Address: 7207 MAPLE AVE
City-St-Zip: TAKOMA PARK, MD 20912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BAHR, MORTON
Address: 2737 DEVONSHIRE PL, UNIT 220
City-St-Zip: WASHINGTON, DC 20008

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HOLAYTER, WILLIAM J
Address: 900 EAST DANA DR.
City-St-Zip: SHELTON, WA 98584

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MORTON BAHR

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date