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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742948** (3)

1. Corporation Name

**DADE SENIOR CITIZENS MINORITY HOUSING CORPORATIO
N, INC.**

Principal Place of Business

Mailing Address

**2350 N W 54TH STREET
MIAMI FL 33142**

**2350 N W 54TH STREET
MIAMI FL 33142**

3. Date Incorporated or Qualified

06/02/1978

4. FEI Number

52-1195276

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHMELIK, JAMES F.
5095 N.W. 98TH WAY
#6
CORAL SPRINGS FL 33067**

81 Name **Frank C. Bangor**

82 Street Address (P.O. Box Number is Not Acceptable)
4300 N. University Drive

83 Suite D-106

84 City **Lauderhill**

FL

85 Zip Code **33351**

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 *Frank C. Bangor*

Frank C. Bangor

February 19, 1998

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **GUENTHER, HARRY T**
STREET ADDRESS **200 OCEAN LANE DR, #1105**
CITY-ST-ZIP **KEY BISCAYNE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **PROTULIS, STEVE**
STREET ADDRESS **9422 CLOCKTOWER LANE**
CITY-ST-ZIP **COLUMBIA MD**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **INGRAO, MICHAEL A**
STREET ADDRESS **8403 COLESVILLE RD, #1200**
CITY-ST-ZIP **SILVER SPRINGS MD**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Generosa C. DeAusen**
3.3 STREET ADDRESS **7209 Pompano Terrace**
3.4 CITY-ST-ZIP **Gaithersburg, Maryland 20879**

TITLE **TD** ☐ DELETE
NAME **HOLAYTER, BILL**
STREET ADDRESS **E 900 DANA DRIVE**
CITY-ST-ZIP **SHELTON WA**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CRAWFORD, LUCIUS**
STREET ADDRESS **3110 NW 49TH ST**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **WILLIAMS, LEATHA**
STREET ADDRESS **3363 NW 51ST TERR**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **Raul R. Dube**
6.3 STREET ADDRESS **9380 S.W. 52nd Street**
6.4 CITY-ST-ZIP **Miami, Florida 33173**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Harry T. Guenther* **Harry T. Guenther 2/19/98 202/546-9100**

CR2E037 (10/97)