FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742948

1. Corporation Name

DADE SENIOR CITIZENS MINORITY HOUSING CORPORATION. INC.

Principal Place of Business

2350 N W 54TH STREET MIAMI FL 33142

Mailing Address

2350 N W 54TH STREET MIAMI FL 33142

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90057 012 ****61.25



	•												
Principal Place of Business 2a. Mailing Address 26						1	3. Date Incorporated or Qualifed 06/02/1978						
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				4. FEI Number					App	lied For	
22	, -	27		•	- ~~	- ·	52-11952	76	•			Not	Applicable
City & State	e	- City & State	٠,		- <u>-</u> -	,			سوت ويوي		≕\$ 8	.75-A	dditional ===
23		28					5. Certificate of	Status L	esired		F	ee Rec	juired
Zip	Country	Zip	Cour	Country			6. Election Car	npaign Fi	inancing ,		\$!	5.00	May Be
24	25	├ ── '	30				Trust Fund		- 1		7	dded to	
24	9. Name and Address of Current I	<u> </u>	1				10. Name and	Address	of New Reg	jistered .	Agent		
				81	Name								
PANCOD EDANK C					TO DO NOT THE STATE OF THE STAT								
BANGOR, FRANK C					82 Street Address (P.O. Box Number is Not Acceptable)							_	
4300 N UNIVERSITY DR					83								
STE D-106			\ \										
LAUDERHILL FL 33351					City	FL				85 Zip Code			
44 5	to the provisions of Sections 617.0502	- 4 C47 4500 Florida Statuto	<u> </u>		nomed a	20000000	tion cultraite this	ctatema	nt for the nu		chang	na its r	enistered
office or n	to the provisions of Sections 617.0502 (registered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was au	thonzed	DV 1	the corpoi	pration's	board of direct	ors. I her	eby accept t	he appoi	ntmeni	as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent a	nd this if annimable (SIATE)	Registered	Agent	t signature	anuined wh	en reinstating)			DATE			
12.	OFFICERS AND		13.	Apolic	t argitation of	Admined with	ADDITIONS/	CHANGE	S TO OFFIC		D DIR	ECTOR	RS IN 12
TITLE	PD	XXDELETE	1,1 111	LE.		PD					□ CI		XAddition
NAME	GUENTHER, HARRY T						rpias, Ge	orae	J.	-		-	
	200 OCEAN LANE DR, #1105						Chapel						•
STREET ADDRESS	=						er Sprir			2091	06		
CITY-ST-ZIP	KEY BISCAYNE FL			_	-ZIP	3111	ver spiri	9 110	i y i dile	203	Па	nanne	☐ Addition
TITLE	-			2.1 TITLE									
NAME	PROTULIS, STEVE			2.2 NAME									
STREET ADDRESS	9422 CLOCKTOWER LANE				TADDRESS								
CITY-ST-ZIP.	COLUMBIA MD			2.4 CITY-ST-ZIP			·			<u> </u>	ПС		Addition
TITLE	SD	☐ DELETE	3.1 TJT						- د د د. پ			iange	
NAME	DEAUSEN, GENEROSA C	ومستقدده فيهني والمهاري	3.2 NA		-	- '							
STREET ADDRESS	7209 POMPANO TERR		3.3 ST	REET	ADDRESS					•			
CITY-ST-ZIP	GAITHERSBURG MD 20879		3.4. CI		T-ZIP		<u></u> -						FT 4 3 3 3 7
TITLE	(στ	☐ DELETE	4.1 TIT	LΕ	-				.*			nange	Addition
NAME	HOLAYTER, BILL		4. 2 N	ME				•					
STREET ADDRESS	E 900 DANA DRIVE		4.3 ST	REET	ADDRESS								
CITY-ST-ZIP	SHELTON WA		4.4 Ct1	Y-ST	r-ZIP						· ·		
TITLE	D	☐ DELETE	5.1 गा								□c	nange	Addition
NAME	CRAWFORD, LUCIUS		5.2 NA	ΜE					•				
STREET ADORESS	3110 NW 49TH ST		5.3 ST	REET	ADDRESS								
CITY-ST-ZIP	MIAMI FL		5.4 CIT	Y-ST	-ZIP								
TITLE	D	☐ DELETE	6.1 TIT	LΕ	1						C	nange	■ Addition
NAME	DUBE, RAUL R		6.2 NA	мЕ						_			
			6.3 ST	REET	ADDRESS								•
	MIAMI FL 33173		6.4 CIT	Y-ST									
CITY-ST-ZIP	I MIMMI EL 301/3		# V-7 OII										

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, with all other like empowered.

SIGNATURE SIGNATURE REGENEROSE BEAUSEN, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99 202/546-9100

Daytime Phone

CR2F037 (11/98)