2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 742948

Entity Name: DADE SENIOR CITIZENS MINORITY HOUSING CORPORATION, INC.

Current Principal Place of Business:

2350 N W 54TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1580 SAWGRASS CORP. PKWAY
#210
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 52-1195276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMELZER, ERICA
1580 SAWGRASS CORPORATION PARKWAY
STE 210
SUN RISE, FL 33323 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:	PD	( ) Delete
Name:	BAHR, MORTON	
Address:	501 THIRD STREET, N.W.	
City-St-Zip:	WASHINGTON, DC 20001 27	
Title:	D	( ) Delete
Name:	PROTULIS, STEVE	
Address:	1580 SAWGRASS CORPORATE PKWY STE210	
City-St-Zip:	FORT LAUDERDALE, FL 333232869	
Title:	SD	( ) Delete
Name:	CORDONE, MARIA C	
Address:	9000 MACHINISTS PLACE	
City-St-Zip:	UPPER MARLBORO, MD 20772	
Title:	VP	( ) Delete
Name:	HOLAYTER, WILLIAM J	
Address:	EAST 900 DANA DRIVE	
City-St-Zip:	SHELTON, WA 98584	
Title:	D	( ) Delete
Name:	DUBE, RAUL R	
Address:	9380 SW 62ND ST	
City-St-Zip:	MIAMI, FL 33173	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 04/22/2009

Electronic Signature of Signing Officer or Director — Date