



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90034 003 \*\*\*\*61.25

<b>DOCUMENT # 756433</b> 1. Entity Name <b>NORTH DADE TWO HOUSING DEVELOPMENT CORPORATION, INC.</b>					
Principal Place of Business <b>115 N.W. 202ND TERRACE MIAMI, FL 33169</b>			Mailing Address <b>818 18TH STREET, N.W. #725 WASHINGTON, DC 20006</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1580 Sawgrass Corporate Parkway Suite 210</b>		  01092004 Chg-NP CR2E037 (10/03)	
City & State		City & State <b>Ft. Lauderdale, Florida</b>			
Zip <b>33323-2869</b>		Country <b>Broward</b>			
4. FEI Number <b>59-2159124</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WORLEY, KENNETH 10337 AKINSVILLE DRIVE FORTUNA, MO 65034 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROTULIS, STEVE 1580 SAWGRASS CORPORATE PKWY., #210 FORT LAUDERDALE, FL 333232869 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLAYTER, WILLIAM J 900 EAST DANA DRIVE SHELTON, WA <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORDONE, MARIA C 9000 MACHINISTS PLACE UPPER MARLBORO, MD 20772 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILLIPS, SUSAN L 1775 K STREET, NW WASHINGTON, DC 200061598 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBE, RAUL R 9380 S.W. 62ND STREET MIAMI, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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.					
<b>SIGNATURE:</b> <u>Kenneth L. Worley</u> <b>KENNETH L. WORLEY</b> 2/5/04 954-835-9200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

*Attachment*

*# 756433*

*524006598*

**NORTH DADE TWO HOUSING DEVELOPMENT  
CORPORATION, INC.**

**ROBERT SHARP TOWERS II (03)**

115 NW 202<sup>ND</sup> TERRACE

MIAMI, FL 33169

(305) 651-0812 fax (305) 651-2558 email [robertsharptwo@ehdoc.com](mailto:robertsharptwo@ehdoc.com)

**Board of Directors And Officers**

Appointed Positions on the Board:

EHDOC

(6) 1 of which is non-voting

<b>Name &amp; Address</b>	<b>Position:</b>	<b>Appointed By</b>
<b>Kenneth L. Worley</b> Home Address: 10337 Akinsville Drive Route 1; Box 8 Fortuna, Missouri 65034 Home Phone: (573) 378-4373 Home Fax: (573) 378-4373 Social Security #: 487 22 2828 Birth Date: June 18, 1924	<b>President</b>	EHDOC
<b>William J. "Bill" Holayter</b> Home Address: 900 East Dana Drive Shelton, Washington 98584 Home Phone: (360) 426-8165 Home Fax: (360) 427-0283 Social Security #: 306 28 0421 Birth Date: September 17, 1931	<b>Vice-President</b>	EHDOC
<b>Susan Lynn Phillips</b> International Vice President Director, Working Women's Department United Food & Commercial Workers Business Address: United Food & Commercial Workers International Union, AFL-CIO & CLC 1775 K Street, NW Washington, D.C. 20006-1598 Business Phone: (202) 223-3111 Business Fax: (202) 728-1836 E-mail: <a href="mailto:sphillips@ufcw.org">sphillips@ufcw.org</a> Home Address: 7207 Maple Avenue Takoma Park, MD 20912 Social Security #: 218 56 9533 Birth Date: April 8, 1955	<b>Treasurer</b>	EHDOC

attachment

#756433

5-40065-98

Name & Address	Position:	Appointed By
<b>Maria C. Cordone</b>	<b>Secretary</b>	<b>EHDOC</b>
Home Address:	6100 Westchester Park Drive #1602 College Park, MD 20740	
Cell Phone:	(301) 346-8967	
Business Address:	International Association of Machinists, AFL-CIO Director, Community Services and Retirees 9000 Machinists Place Upper Marlboro, MD 20772	
Business Phone:	(301) 967-3433	
Business Fax:	(301) 967-3427	
E-mail:	<a href="mailto:mcordone@iamaw.org">mcordone@iamaw.org</a>	
Social Security #:	578 66 5375	
Birth Date:	December 10, 1949	
<b>Steve Protulis</b>	<b>Director</b>	<b>EHDOC non-voting</b>
Business Address:	Executive Vice President Executive Director 1580 Sawgrass Corporate Parkway Suite 210 Ft. Lauderdale, Florida 33323-2869	
Business Phone:	(954) 835-9200	
Business Fax:	(954) 835-9200	
Cell Phone:	(954) 648-0811	
E-mail:	<a href="mailto:sprotulis@ehdoc.com">sprotulis@ehdoc.com</a>	
Social Security #:	378 44 0418	
Birth Date:	December 19, 1941	
<b>Raul R. Dube</b>	<b>Director</b>	<b>EHDOC</b>
Business Address:	P.O. Box 996548 Miami, FL 33299-6548	
Business Phone:	(786) 265-9120	
Business Fax:	(786) 265-9115	
E-mail:	<a href="mailto:rdube@ultravi.com">rdube@ultravi.com</a>	
Home Address:	9380 SW 62 Street Miami, FL 33173	
Home Phone:	(305) 595-0603	
Home Fax:	(305) 598-6516	
Home E-mail:	<a href="mailto:rdube@aol.com">rdube@aol.com</a>	
Social Security #:	377 46 2898	
Birth Date:	January 23, 1947	