2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 756433

Entity Name: NORTH DADE TWO HOUSING DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

115 N.W. 202ND TERRACE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1580 SAWGRASS CORPORATE PARKWAY
SUITE 210
FT. LAUDERDALE, FL 333232869

New Mailing Address:

FEI Number: 59-2159124 **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:	PD	( ) Delete
Name:	BAHR, MORTON	
Address:	2737 DEVONSHIRE PL. NE, UNIT 220	
City-St-Zip:	WASHINGTON, DC 20008	
Title:	D	( ) Delete
Name:	PROTULIS, STEVE	
Address:	1580 SAWGRASS CORPORATE PKWY., #210	
City-St-Zip:	FORT LAUDERDALE, FL 33323 28	
Title:	VP	( ) Delete
Name:	HOLAYTER, WILLIAM J	
Address:	900 EAST DANA DRIVE	
City-St-Zip:	SHELTON, WA 98584	
Title:	SD	( ) Delete
Name:	CORDONE, MARIA C	
Address:	9000 MACHINISTS PLACE	
City-St-Zip:	UPPER MARLBORO, MD 20772	
Title:	TD	( ) Delete
Name:	PHILLIPS, SUSAN L	
Address:	7207 MAPLE AVE	
City-St-Zip:	TAKOMA PARK, MD 20912	
Title:	D	( ) Delete
Name:	DUBE, RAUL R	
Address:	9380 S.W. 62ND STREET	
City-St-Zip:	MIAMI, FL 33173	

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