

attachment 1 of 3

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -5 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763897	
1. Entity Name HIALEAH VOA ELDERLY HOUSING, INC.	



Principal Place of Business HIALEAH VOA ELDERLY HOUSING, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US	Mailing Address VOA NATIONAL SERVICES 1660 DUKE ST. ALEXANDRIA, VA 22314 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



4. FEI Number 59-2473889	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 David T. Bowman 11/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
 Assistant VP

FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALE, KAREN 1660 DUKE ST. ALEXANDRIA, VA 22314 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOWMAN, DAVID T 1660 DUKE ST. ALEXANDRIA, VA 22314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMAN, RUSSELL MD 10901 ENCHANTED HOLLOW WAY RALEIGH, NC 27614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDER, GERARD 1250 I ST NW, SUITE 901 WASHINGTON, DC 20005 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, GEORGE 2181 JAMIESON AVE # 1003 ALEXANDRIA, VA 22314 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBARSKY, JOSEPH M 600 FOXGATE ROAD LOUISVILLE, KY 40223 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHED ADDENDUM <input type="checkbox"/> Change <input type="checkbox"/> Addition FOR COMPLETE LIST OF OFFICERS AND DIRECTORS.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600138511536 12/05/08-01023-005 **175.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/28/08-01015-007 \$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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.

SIGNATURE: David T. Bowman David T. Bowman, Secretary/Treasurer (703) 341-7056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DEC 3 2008

DIRECTORS & OFFICERS
(MASTER HOUSING BOARD)

Mr. Walter C. Patterson, Chair & Director
1660 Duke Street
Alexandria, VA 22314

Ms. Rosemarie Rac, President & Director
1660 Duke Street
Alexandria, VA 22314

Mr. David T. Bowman, Secretary/Treasurer & Director
1660 Duke Street
Alexandria, VA 22314

Mr. Patrick Sheridan, Vice President (not a director)
1660 Duke Street
Alexandria, VA 22314

Mr. Thomas D. Turnbull, Assistant Treasurer (not a director)
1660 Duke Street
Alexandria, VA 22314

Ms. Robin Keller, Assistant Secretary (not a director)
1660 Duke Street
Alexandria, VA 22314

Mr. Shawn M. Bloom, Director
1660 Duke Street
Alexandria, VA 22314

Mr. Wilfred N. Cooper, Sr., Director
1660 Duke Street
Alexandria, VA 22314

Ms. Nancy J. Feldman, Director
1660 Duke Street
Alexandria, VA 22314

Dr. Russell Holman, Director
1660 Duke Street
Alexandria, VA 22314

Mr. Joseph M. Lubarsky, Director
1660 Duke Street
Alexandria, VA 22314

DIRECTORS & OFFICERS
(MASTER HOUSING BOARD)

Mr. John Morland, Director
1660 Duke Street
Alexandria, VA 22314

Mr. Matt J. Nelson, Director
1660 Duke Street
Alexandria, VA 22314

Ms. Ann B. Schnare, Director
1660 Duke Street
Alexandria, VA 22314