

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768828

FILED
Feb 21, 2011
Secretary of State

Entity Name: AREAWIDE HOUSING FOR THE ELDERLY OF BROWARD, INC.

Current Principal Place of Business:

5300 HIATUS ROAD
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

5300 HIATUS ROAD
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 59-2296320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEDERBERG, EDITH
5300 HIATUS ROAD
SUNRISE, FL 33351 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: VD
Name: RAND, DEBORAH G
Address: 5 WEST SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: TD
Name: WILLIAMS, THEODORA
Address: 6421 NW 54TH COURT
City-St-Zip: LAUDERHILL, FL 33064 US

Title: PD
Name: BRADY, MAYOR JACK
Address: 701 SW 71ST AVENUE
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: VD
Name: SYNALOUSKI, MANUAL AIA
Address: 3950 NORTH 46TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: ED
Name: LEDERBERG, EDITH
Address: 5300 HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351 US

Title: SD
Name: LEVY, ROBERT
Address: PO BOX 120891
City-St-Zip: PLANTATION, FL 33312 US

I hereby 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 all other like empowered.

SIGNATURE: EDITH LEDERBERG

ED

02/21/2011

Electronic Signature of Signing Officer or Director

Date