

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K57916 (4)
1. Corporation Name
SENIOR CITIZENS HOUSING DEVELOPMENT COMPANY



Principal Place of Business Mailing Address
% ROBERT R. FRANK % ROBERT R. FRANK
1666 KENNEDY CAUSEWAY 705 CAPITAL BANK 1666 KENNEDY CAUSEWAY 705 CAPITAL BANK
NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141

3. Date Incorporated or Qualified 01/12/1989 3a. Date of Last Report 06/19/1996
4. FEI Number 65-0107041 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANK, ROBERT R.
1666 KENNEDY CAUSEWAY
705 CAPITAL BANK BLDG.
NORTH BAY VILLAGE FL 33141

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAYDEN, HUGH D	
STREET ADDRESS	9309-Q WILLOW CREEK DR.	
CITY-ST-ZIP	GAITHERBURG MD	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	REAVILL, MARY	
STREET ADDRESS	1001 N. REED ST.	
CITY-ST-ZIP	VILLE, PLATTE, LA.	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLOVER, EUGENE D.	
STREET ADDRESS	13704 MIDDLEVALE LANE	
CITY-ST-ZIP	SILVER SPOGS. MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLYNN, JOHN J.	
STREET ADDRESS	112 SKUNKNET RD.	
CITY-ST-ZIP	CENTERVILLE MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORALES, DIONICIO	
STREET ADDRESS	401 NORTH GARFIELD AVE	
CITY-ST-ZIP	MONTEBELLO CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8704 Ravenglass Way
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary C. Reavill

Mary Reavill

2/10/97

318/363-5992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0519298

CR2E034 (9/96)