

## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

02-16-2004 90045 023 \*\*\*\*61.25



## 1. Entity Name ELDERLY HOUSING MANAGEMENT CORPORATION

DOCUMENT # N01000008331

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115 THIRD STREET SOUTH 115 JACKSONVILLE, FL 32250 JACK		g Address THIRD STREET SOU SONVILLE, FL 3225					240	1111	1	
		3. Mai	. Mailing Address							
Suite, Apt	# etc	Su	ite, Apt. #, etc.						<b>~</b>	
Suite, Apt. #, etc.						01072004	Chg-NP	CR2E037	(10/03)	
City & State		Cit	City & State			4. FEI Number 59-37580	96		<del></del>	plied For t Applicable
Zip	Zip Country		Zip Country			5 Certificate of S			8.75 Add	itional
	6. Name and Address of Cu	rrent Pagisters	od Agent			7. Name and Ad			ee Required	<u> </u>
***	o. Haine and Address of Co	illelit negistere	u Agent	Na	me	7. Name and Ad	dress of New I	registerea A	Jeni	·
MCDONALD, SUSAN C ESQ 1301 RIVERPLACE BLVD SUITE 1500										
	VILLE, FL 32207	500	Street Address		(P.O. Box Number is	s Not Acceptabl	e)		<del></del>	
				Cit	ly			FL	Zip Code	9
8. The above	e named entity submits this statem ations of registered agent.	nent for the purp	ose of changing its re	egistered off	ice or registe	ered agent, or both, i	n the State of Fl	orida. I am fa	miliar with,	and accept
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SIGNATURE										
	Signature, typed or printed name of registered	d agent and trie if ago	licable (NOTF: 6	Registered Agent	t eveneture recurre	d		DATE	•	
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10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AN	ND DIRECTORS	9. Election Camp	oaign Financ	cing	\$5.00 May Be	Flo	lake check rida Departn	nent of St	ate
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINGER, DAVID M 1817 HOPKINS CREEK LAI NEPTUNE BEACH, FL 322	ND DIRECTORS	9. Election Camp Trust Fund Co	paign Finance Intribution.  11.  TITLE NAME STREET ADD CITY-ST-2F	RESS	\$5.00 May Be Added to Fees	Flo	Nake check rida Departn :RS AND DIRE	nent of St. ECTORS IN	ate 10
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12. Thereby 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.

CITY-ST-ZIP

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