

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90094 002 ****61.25

DOCUMENT # N01000008331					
1. Entity Name ELDERLY HOUSING MANAGEMENT CORPORATION					
Principal Place of Business 115 THIRD STREET SOUTH JACKSONVILLE, FL 32250			Mailing Address 115 THIRD STREET SOUTH JACKSONVILLE, FL 32250		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3758096	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCDONALD, SUSAN C ESQ 1301 RIVERPLACE BLVD SUITE 1500 JACISONVILLE, FL 32207				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINGER, DAVID M		NAME		
STREET ADDRESS	1817 HOPKINS CREEK LANE		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCILVAIN, WILLIAM C JR		NAME		
STREET ADDRESS	169 SUMMERFIELD DR		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGLAS, MAXWELL		NAME		
STREET ADDRESS	4309 PABLO OAKS CT #5		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JARDINE, NED		NAME		
STREET ADDRESS	2051 DUNA VISTA COURT		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINOVER, BRUCE		NAME	Mantz, Thomas	
STREET ADDRESS	3819 SALT MEADOW CT SOUTH		STREET ADDRESS	105 Magnolia Hammock drive	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	Ponte Vedra, FL. 32082	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Ned Jardine</i></u>				Date: <u>4/20/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	

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\$8.75 Additional
Fee Required

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