## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # N01000008331

SIGNATURE:



**FILED** Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90399 021 \*\*\*\*61.25

904 241-5858

Daytime Phone #

ELDERLY HOUSING MANAGEMENT CORPORATION											
115 THIRD STREET SOUTH 115		115 Th	ng Address THIRD STREET SOUTH (SONVILLE, FL 32250								
3 Principal DI											
2. Principal Place of Business - No P.O. Box # 3. Ma			illing Address				R INDULTAL REFER	<b>1) 1</b> 1     <b>11   12   13   14   15   16   16   16   16   16   16   16</b>	.## <b>18##</b>	å lilbe lilet ha	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				04182008	Chg-NP	CR2E037	(12/06)	
City & State		City i	City & State				4. FEI Number 59-3758	096			pplied For at Applicable
Zip	Country	Zip	Coul		intry		5. Certificate o	f Status Desired		8.75 Add ee Required	
6. Name and Address of Current Register			d Agent Name				7. Name and 4	ddress of New I	Registered Ag	jent	
MCDONALD, SUSAN C ESQ									<del> </del>		
	RPLACE BLVD SUITE 1500 /ILLE, FL 32207			Street Address (P.O. Box Number is I				is Not Acceptable	le) 		
				}	City				FL	Zip Code	e
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.											
ine conganors of registered agent.											
SIGNATURE											
Filing Fee Is \$61.25 Due by May 1, 2008			<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>				\$5.00 May Be Added to Fees		Make check erida Departr		
10.	OFFICERS AND DIR	ECTORS		11.		A	ADDITIONS/CHA	NGES TO OFFICI			
TITLE NAME	PD LINGER, DAVID M		☐ Delete	TITLE					I	☐ Change	☐ Addition
STREET ADDRESS	1817 HOPKINS CREEK LANE			1	ET ADDRESS						
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266				-ST-ZIP						
TITLE NAME	T MÇILVAIN, WILLIAM C JR		Delete	Delete ITILE					•	☐ Change	☐ Addition
STREET ADDRESS	169 SUMMERFIELD DR		8		ET ADDRESS						
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 320	82		CITY-	-ST-21P						
TITLE	VD		☐ Delete	TITLE	1				_	Change Change	Addition
NAME STREET ADDRESS	DOUGLAS, MAXWELL 4309 PABLO OAKS CT #5		NAM Stre		*** ********   *	3930	930 DUVAL DRIVE,				
CITY-ST-ZIP	JACKSONVILLE, FL 32224			-ST-ZIP	JACKSONVILLE BEACH, FL 32250						
TITLE	STD		Delete	TITLE						☐ Change	☐ Addition
NAME Street address	JARDINE, NED			NAME	E ET ADDRESS						
CITY-ST-ZIP	2051 DUNA VISTA COURT ATLANTIC BEACH, FL 32233				-ST-ZIP						
TITLE	D	<del></del>	☐ Delete	TITLE						☐ Change	☐ Addition
NAME	MANTZ, THOMAS			NAME	1						
STREET ADDRESS CITY-ST-ZIP	105 MAGNOLIA HAMMOCK DRIV PONTE VEDRA BEACH, FL 320			2	ET ADDRESS -ST-ZIP						
TITLE	PONTE VEDICA DESCRIPTION, TE GES		☐ Delete	TITLE				<del></del>		□ Change	☐ Addition
NAME				NAME	1						
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	*** ** - * ** - !-dai ai ai ai ai ai		·		- ST- ZIP		'- Charter 110	Chairle Clothelan	1 Author gortif	that the ir	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier either 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 frustee expowered 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.											

DAVID M. CINGAR

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR