

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008331

FILED  
May 10, 2010  
Secretary of State

**Entity Name:** ELDERLY HOUSING MANAGEMENT CORPORATION

**Current Principal Place of Business:**

115 THIRD STREET SOUTH  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

115 THIRD STREET SOUTH  
JACKSONVILLE, FL 32250

**New Mailing Address:**

**FEI Number:** 59-3758096      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCDONALD, SUSAN C ESQ  
1301 RIVERPLACE BLVD SUITE 1500  
JACISONVILLE, FL 32207      US

**Name and Address of New Registered Agent:**

MAXWELL, DOUG ESQ  
3930 DUVAL DRIVE  
JACKSONVILLE BEACH, FL 32250      US

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: DOUG MAXWELL

05/10/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LINGER, DAVID M  
Address: 302 THIRD STREET, SUITE 5  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: T  
Name: MCILVAIN, WILLIAM C JR  
Address: 169 SUMMERFIELD DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD  
Name: DOUGLAS, MAXWELL  
Address: 3930 DUVAL DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: STD  
Name: JARDINE, NED  
Address: 2051 DUNA VISTA COURT  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D  
Name: BARTLESON, PATRICIA  
Address: 381 4TH STREET  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D  
Name: LICKFELD, DELINA SUE  
Address: 13411 CURRITUCK DRIVE, WEST  
City-St-Zip: JACKSONVILLE, FL 32225

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: DOUG MAXWELL

PD

05/10/2010

Electronic Signature of Signing Officer or Director

Date