

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