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FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20792** (0)
1. Corporation Name
MIAMI VOA ELDERLY HOUSING, INC.

Principal Place of Business 11495 W. FLAGLER STREET MIAMI FL 33174 US	Mailing Address 3839 N. CAUSEWAY BLVD. METAIRIE LA 70002-1784 US
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3. Date Incorporated or Qualified 05/22/1987	
4. FEI Number 58-1777367	Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D ☐ DELETE
NAME	NORMAN, JOHN H.
STREET ADDRESS	3100 DIVISION ST
CITY-ST-ZIP	METAIRIE LA
TITLE	PVD ☒ DELETE
NAME	GOULD, CHARLES W.
STREET ADDRESS	110 S UNION ST 2ND FL
CITY-ST-ZIP	ALEXANDRIA VA
TITLE	STD ☐ DELETE
NAME	TURNBULL, THOMAS D.
STREET ADDRESS	110 S UNION ST 2ND FL
CITY-ST-ZIP	ALEXANDRIA VA
TITLE	VPD ☒ DELETE
NAME	OSTER, RICHARD DR
STREET ADDRESS	931 SOLEDAD WAY
CITY-ST-ZIP	LADY LAKE FL
TITLE	D ☒ DELETE
NAME	MILLS, CON C.
STREET ADDRESS	518 LEGENDRE DR
CITY-ST-ZIP	SUDELL LA
TITLE	D ☒ DELETE
NAME	SOUDER, ROGER
STREET ADDRESS	4175 RANDON RD
CITY-ST-ZIP	FT WORTH TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	P/nonvoting D
2.3 STREET ADDRESS	James Rogers
2.4 CITY-ST-ZIP	110 South Union St.
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	D
4.3 STREET ADDRESS	Patrick C. Kelley
4.4 CITY-ST-ZIP	2721 Division St.
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	D
5.3 STREET ADDRESS	Charles W. Fasterling
5.4 CITY-ST-ZIP	2955 Ridgelake Dr.
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	D
6.3 STREET ADDRESS	Thomas P. Perkins
6.4 CITY-ST-ZIP	1000 Howard Ave., Suite 100

14. I hereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas D. Turnbull* **Thomas D. Turnbull, Sec.**

3/5/98

504 834-5243

CR2E037 (1097)

Miami VOA Elderly Housing, Inc.
Document N20792

LIST TITLES

B-2 of 2

#12 continued

Additions

D

Larry G. Schedler
1450 Poydras St., Suite 1000
New Orleans, LA 70112

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Karl Zollinger
228 St. Charles Ave
New Orleans, LA 70130