

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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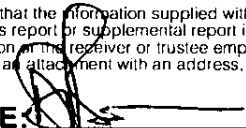
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07 SEP 17 AM 7:20

RECEIVED ST. JAMES
TALLAHASSEE, FLORIDA



07112007 Chg-NP CR2E037 (12/06)

DOCUMENT # N30493					
1. Entity Name RIVERSIDE VOA ELDERLY HOUSING, INC.					
Principal Place of Business 740 NW 25TH AVE MIAMI, FL 33125 US			Mailing Address 1660 DUKE ST. ALEXANDRIA, VA 22314 US		
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 58-1835841	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDER, GERARD 2211 N. TUCKAHOE ST ARLINGTON, VA 22205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1250 I Street N.W., Suite 901 Washington, DC 20005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIKUMOTO, DAVID 6312 S. FIDDLERS GREEN CIR, STE. 200E DENVER, CO 80111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lubarsky, Joseph M. 600 Foxgate Road Louisville, KY 40223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, WALTER C 9040 ROSWELL RD STE 106 ATLANTA, GA 30350 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5950 Berkshire Lane, Suite 1100 Dallas, TX 75225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATTERSON, RON 1660 DUKE ST. ALEXANDRIA, VA 22314 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Bowman, David T. 1660 Duke Street Alexandria, VA 22314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOULD, CHARLES 1660 DUKE ST. ALEXANDRIA, VA 22314 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO Dale, Karen 1660 Duke Street Alexandria, VA 22314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, GEORGE 2181 JAMIESON AVE # 1003 ALEXANDRIA, VA 22314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600110063886 03/28/07--01058--013 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		David T. Bowman		8/14/07 703-341-5041	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

8.9/19

Master Housing Board
As of 7/11/2007

Shawn M. Bloom

Member

President and CEO
National PACE Association
801 N Fairfax St Ste 309
Alexandria, VA 22314-1775
Work Phone: (703)-535-1567
Fax: (703)-535-1566

David T. Bowman

Secretary/Treasurer

Executive Vice President & General Counsel
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1660 Duke St
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Fax: (703) 341-7002

Karen Dale

President

Executive Vice President, Operations & Strategic
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Gerard Holder

Member

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1250 I St NW
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Joseph M Lubarsky

Member

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John Morland

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Walter C. Patterson

Member

Senior Vice President
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