

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 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 # N97000003070 (6)
1. Corporation Name
HOUSING OPTIONS FOR ELDERS, INC.



Principal Place of Business % JOSEPH BLONSKY, P.A. 201 ALHAMBRA CIRCLE SUITE 1200 CORAL GABLES FL 33134	Mailing Address % JOSEPH BLONSKY, P.A. 201 ALHAMBRA CIRCLE SUITE 1200 CORAL GABLES FL 33134
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3. Date Incorporated or Qualified
05/27/1997

4. FEI Number Applied For Not Applicable

21. Principal Place of Business 370 MINORCA AVE.	22. Suite, Apt. #, etc. Suite 9	23. City & State Coral Gables, FL	24. Zip 33134	25. Country USA	26. Mailing Address 370 MINORCA AVE.	27. Suite, Apt. #, etc. Suite 9	28. City & State Coral Gables, FL	29. Zip 33134	30. Country USA
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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
**BLONSKY, JOSEPH
201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name **JOSEPH BLONSKY**
82 Street Address (P.O. Box Number is Not Acceptable) **370 MINORCA AVE.**
83 **Suite 9**
84 City **Coral Gables** **FL** 85 Zip Code **33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTELSTONE, RONA	1.2 NAME	
STREET ADDRESS	% 2699 STERLING ROAD, SUITE C-304	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLONSKY, JOSEPH	2.2 NAME	
STREET ADDRESS	7345 S.W. 122 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLONSKY, DANIEL	3.2 NAME	
STREET ADDRESS	3044 ALLAMANDA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGOYTISOLO, AGUSTIN G	4.2 NAME	
STREET ADDRESS	1550 TARAGONA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Joseph Blonsky, President, Dr. 4/23/98* 303-444-2716

CP2E037 (10/97)