

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006570

FILED
Feb 23, 2005
Secretary of State

Entity Name: ELDER HOUSING OPTIONS INC.

Current Principal Place of Business:

C/O JOSEPH BLONSKY, P.A.
95 MERRICK WAY, SUITE 100
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

C/O JOSEPH BLONSKY, P.A.
95 MERRICK WAY, SUITE 100
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0996520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLONSKY, JOSEPH
C/O JOSEPH BLONSKY, P.A.
95 MERRICK WAY, SUITE 100
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARTELSTONE, RONA
Address: C/O 2699 STERLING ROAD #C-304
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: PTD () Delete
Name: BLONSKY, JOSEPH
Address: 7345 S.W. 122 STREET
City-St-Zip: MIAMI, FL 33156

Title: VPSD () Delete
Name: BLONSKY, DANIEL
Address: 4070 MALAGA AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: SPRITZER, MICHAEL
Address: 9655 S DIXIE HWY
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: DAY, KATHLEEN
Address: 7355 SW 87 AVE STE 300
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PTD (X) Change () Addition
Name: BLONSKY, JOSEPH
Address: 8232 SW 82 PLACE
City-St-Zip: MIAMI, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH BLONSKY

PRES

02/23/2005

Electronic Signature of Signing Officer or Director

Date