2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011765

Entity Name: EHDOC PEPPER TOWERS CHARITABLE CORPORATION

FILED
Apr 06, 2018
Secretary of State
CC5143872120

Current Principal Place of Business:

C/O ELDERLY HOUSING DEVELOPMENT

AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE PKWY., STE. 210

FORT LAUDERDALE, FL 33323

Current Mailing Address:

C/O ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE PKWY., STE. 210

FORT LAUDERDALE, FL 33323 US

FEI Number: 27-0603036 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name DAVIS, LISA Name SCHMELTZER, ERICA

Address C/O ELDERLY HOUSING Address C/O ELDERLY HOUSING

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AND OPERATIONS CORPORATION

1580 SAWGRASS CORPORATE

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PKWY., STE. 210 PKWY., STE. 210

City-State-Zip: FORT LAUDERDALE FL 33323 City-State-Zip: FORT LAUDERDALE FL 33323

Title TREASURER / CFO Title DIRECTOR

Name SCHMELTZER, ERICA Name PROTULIS, STEVE

Address C/O ELDERLY HOUSING Address C/O ELDERLY HOUSING

DEVELOPMENT DEVELOPMENT

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City-State-Zip: FORT LAUDERDALE FL 33323 City-State-Zip: FORT LAUDERDALE FL 33323

Title DIRECTOR Title SECRETARY

Name CORDONE, MARIA C. Name CORDONE, MARIA C.

Address C/O ELDERLY HOUSING Address C/O ELDERLY HOUSING

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TitleDIRECTORTitlePRESIDENT / CEONameBAHR, MORTONNameBAHR, MORTON

Address C/O ELDERLY HOUSING Address C/O ELDERLY HOUSING

DEVELOPMENT DEVELOPMENT

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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: MORTON BAHR PRESIDENT / CEO 04/06/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name OLSEN, JOHN Name FRANSETTA, TONY

Address C/O ELDERLY HOUSING DEVELOPMENT Address C/O ELDERLY HOUSING

AND OPERATIONS CORPORATION 1580 DEVELOPMENT

SAWGRASS CORPORATE PKWY., STE. 210

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