

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1300000071

FILED
Feb 24, 2023
Secretary of State
1206985143CC

Entity Name: EHD OC ROBERT SHARP TOWERS II CHARITABLE CORPORATION

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: 46-1782329

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 SECRETARY
Name CORDONE, MARIA C.
Address C/O ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE PKWY., STE. 210
City-State-Zip: FORT LAUDERDALE FL 33323

Title TREASURER
Name SCHMELTZER, ERICA
Address C/O ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE PKWY., STE. 210
City-State-Zip: FORT LAUDERDALE FL 33323

Title VP
Name DUBOIS, SHERWOOD
Address C/O ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE PKWY., STE. 210
City-State-Zip: FORT LAUDERDALE FL 33323

Title DIRECTOR
Name RIBEIRO, MELANIE
Address C/O ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE PKWY., STE. 210
City-State-Zip: FORT LAUDERDALE FL 33323

Title DIRECTOR
Name DAVIS, LISA
Address C/O ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE PKWY., STE. 210
City-State-Zip: FORT LAUDERDALE FL 33323

Title PRESIDENT
Name SHELTON, CHRISTOPHER M
Address C/O ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE PKWY., STE. 210
City-State-Zip: FORT LAUDERDALE FL 33323

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: CHRISTOPHER M SHELTON

PRESIDENT

02/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

