2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000071

Entity Name: EHDOC 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..

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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT / CEO Title DIRECTOR

SHELTON, CHRISTOPHER PROTULIS, STEVE Name Name

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

DEVELOPMENT DEVELOPMENT

AND OPERATIONS CORPORATION AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE 1580 SAWGRASS CORPORATE

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

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

Title Title **DIRECTOR** Name DUBOIS, SHERWOOD Name DAVIS, LISA

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

> DEVELOPMENT DEVELOPMENT

AND OPERATIONS CORPORATION AND OPERATIONS CORPORATION

1580 SAWGRASS CORPORATE 1580 SAWGRASS CORPORATE

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

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

Title **TREASURER** Title **SECRETARY**

SCHMELTZER, ERICA CORDONE, MARIA C. Name Name Address

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

AND OPERATIONS CORPORATION AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE 1580 SAWGRASS CORPORATE

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

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

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.

05/20/2020 SIGNATURE: CHRISTOPHER SHELTON PRESIDENT / CEO

Electronic Signature of Signing Officer/Director Detail

Date

FILED May 20, 2020

Secretary of State

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