

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000071

FILED
Mar 20, 2019
Secretary of State
5225985559CC

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. 100 FORT LAUDERDALE, FL 33323

Current Mailing Address:

C/O ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE PKWY., STE. 100 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	Title	PRESIDENT
Name	CORDONE, MARIA C.	Name	BAHR, MORTON
Address	C/O ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE PKWY., STE. 100	Address	C/O ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE PKWY., STE. 100
City-State-Zip:	FORT LAUDERDALE FL 33323	City-State-Zip:	FORT LAUDERDALE FL 33323
Title	DIRECTOR	Title	DIRECTOR
Name	DAVIS, LISA	Name	PROTULIS, STEVE
Address	C/O ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE PKWY., STE. 100	Address	C/O ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE PKWY., STE. 100
City-State-Zip:	FORT LAUDERDALE FL 33323	City-State-Zip:	FORT LAUDERDALE FL 33323
Title	TREASURER	Title	VP
Name	SCHMELTZER, ERICA	Name	DUBOIS, SHERWOOD
Address	C/O ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE PKWY., STE. 100	Address	C/O ELDERLY HOUSING DEVELOPMENT AND OPERATIONS CORPORATION 1580 SAWGRASS CORPORATE PKWY., STE. 100
City-State-Zip:	FORT LAUDERDALE FL 33323	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: BAHR, MORTON

PRESIDENT

03/20/2019

Electronic Signature of Signing Officer/Director Detail

Date

