

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000071

**FILED**  
**Apr 05, 2018**  
**Secretary of State**  
**CC0022499383**

**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., 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 PRESIDENT/CEO  
Name BAHR, MORTON  
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 DIRECTOR  
Name PROTULIS, STEVE  
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

*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**

**04/05/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

