

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2018
Secretary of State
CC9222365936

Entity Name: EHDOC STANLEY AXLRD TOWER 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: 47-1192344

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
Name ROMERO, EDWARD L
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 DIRECTOR
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 TREASURER / CFO
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 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

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

