

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000010494

**Entity Name:** VOA CREEKSIDE MANOR AH GP, INC.

**Current Principal Place of Business:**

1660 DUKE ST  
ALEXANDRIA, VA 22314

**Current Mailing Address:**

1660 DUKE ST  
ALEXANDRIA, VA 22314 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 T  
Name BURKS, JANE  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title P  
Name KING, MICHAEL  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title VC  
Name RASE, NANCY  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title C  
Name ANDREINI ARNOLD, PATTI  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title D  
Name CARRINGTON, EDWINA  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title AT/AS  
Name KING, KIMBERLY  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title AT/AS  
Name DESJARDINS, PETER  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title AT/AS  
Name WILSON-GENO, SHARON  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

**Continues on page 2**

*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:** THOMAS DOLAN

**AUTHORIZED PERSON**

**03/12/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title AT/AS  
Name BUDZYNSKI, JOSEPH  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title AT/AS  
Name NUTZ, FAITH  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title D  
Name PERKINS, DERRICK  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title D  
Name DALE, KAREN  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title D  
Name LEBLANC, JAMES  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title D  
Name KNAPP, KEITH  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title D  
Name MULLEN, BETH  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title AT/AS  
Name GAVIN, NANCY  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title D  
Name BLOOM, SHAWN  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title S  
Name DOLAN, THOMAS  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title D  
Name WAKEFIELD, STEPHEN  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title D  
Name EDEBURN, ANDY  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title D  
Name PETERSEN, JEANNE  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR  
Name VIGILANCE, PIERRE  
Address 1660 DUKE ST  
City-State-Zip: ALEXANDRIA VA 22314