

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19262

**Entity Name:** HIALEAH ELDERLY HOUSING, INC.

**Current Principal Place of Business:**

2405 SATELLITE BLVD  
SUITE 100  
DULUTH, GA 30096

**Current Mailing Address:**

2405 SATELLITE BLVD  
SUITE 100  
DULUTH, GA 30096 US

**FEI Number:** 58-1719466

**Certificate of Status Desired:** No

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

GRIFFITH, HAROLD  
1441 WEST 62ND STREET  
HIALEAH, FL 33012 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	DP	Title	DST
Name	EICKHOFF, GERALD E	Name	GLENN, ELIZABETH C.
Address	2405 SATELLITE BLVD SUITE 100	Address	3447 GREYSTONE CIR
City-State-Zip:	DULUTH GA 30096	City-State-Zip:	ATLANTTA GA
Title	DV	Title	MANAGING AGENT
Name	REINHART, ROBERT L.	Name	LEDUC, GLENDA G
Address	3447 GREYSTONE CICR	Address	2405 SATELLITE BLVD SUITE 100
City-State-Zip:	ATLANTA GA	City-State-Zip:	DULUTH GA 30096

*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:** FAITH V. HEAD

ACCOUNTING/OCCUPAN 03/25/2020  
CY MGR

Electronic Signature of Signing Officer/Director Detail

Date