2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2014
Secretary of State
CC5868796389

DOCUMENT# N20792

Entity Name: MIAMI VOA ELDERLY HOUSING, INC.

Current Principal Place of Business:

1660 DUKE ST.
ALEXANDRIA, VA 22314

Current Mailing Address:

1660 DUKE ST.
ALEXANDRIA, VA 22314 US

FEI Number: 58-1777367

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	PD
Name	KING, MICHAEL W
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314

Title	TREASURER, DIRECTOR
Name	FELDMAN, NANCY J
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314

Title	AS
Name	SHERIDAN, PATRICK
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314

Title	ASST. SECRETARY, ASST. TREASURER
Name	TURNBULL, THOMAS D
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314

Title	SECRETARY, DIRECTOR
Name	MOORE, CAROL
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314-3427

Title	ASAT
Name	BOWMAN, DAVID T
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314

Title	CHAIRMAN, DIRECTOR
Name	KIKUMOTO, C. DAVID
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314

Title	ASST. SECRETARY, ASST. TREASURER
Name	BUDZYNSKI, JOSEPH
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: DAVID T. BOWMAN — ASST. SEC/ASST. TREAS. — 03/25/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY, ASST. TREASURER
Name	GAVIN, NANCY
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314

Title	ASST. SECRETARY
Name	KELLER, ROBIN
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	MORLAND, JOHN
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	COOPER, WILFRED
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	MAESE, CARLOS
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314

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

Title	ASST. SECRETARY, ASST. TREASURER
Name	PERRY, DEBORAH
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	SCHNARE, ANN
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314

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

Title	DIRECTOR
Name	SPILANE, MICHAEL
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314

Title	DIRECTOR
Name	SULLIVAN, MICHAEL
Address	1660 DUKE ST.
City-State-Zip:	ALEXANDRIA VA 22314

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