

attachment 1 of 3

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -5 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2008KS

DOCUMENT # N09247 1. Entity Name DADE COUNTY VOA ELDERLY HOUSING, INC.	
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Principal Place of Business 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US	Mailing Address VOA NATIONAL SERVICES 1660 DUKE STREET ALEXANDRIA, VA 22314 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Louise B. Smith* 11/24/08 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Assistant VP

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALE, KAREN 1660 DUKE ST. ALEXANDRIA, VA 22314 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHED ADDENDUM <input type="checkbox"/> Change <input type="checkbox"/> Addition FOR COMPLETE LIST OF OFFICERS AND DIRECTORS.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDER, GERARD 1250 I ST NW, SUITE 901 WASHINGTON, DC 20005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900138511439 12/05/08--01023--002 **175.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBARSKY, JOSEPH M 600 FOXGATE ROAD LOUISVILLE, KY 40223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/28/08-01015-014 \$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, WALTER C 5950 BERKSHIRE LANE, STE 1100 DALLAS, TX 75225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, GEORGE 2181 JAMIESON AVE # 1003 ALEXANDRIA, VA 22314 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOWMAN, DAVID T 1660 DUKE ST. ALEXANDRIA, VA 22314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David T. Bowman* David T. Bowman, Secretary/Treasurer (703) 341-7056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC 3 2008 Daytime Phone #

DIRECTORS & OFFICERS
(MASTER HOUSING BOARD)

Mr. Walter C. Patterson, Chair & Director
1660 Duke Street
Alexandria, VA 22314

Ms. Rosemarie Rae, President & Director
1660 Duke Street
Alexandria, VA 22314

Mr. David T. Bowman, Secretary/Treasurer & Director
1660 Duke Street
Alexandria, VA 22314

Mr. Patrick Sheridan, Vice President (not a director)
1660 Duke Street
Alexandria, VA 22314

Mr. Thomas D. Turnbull, Assistant Treasurer (not a director)
1660 Duke Street
Alexandria, VA 22314

Ms. Robin Keller, Assistant Secretary (not a director)
1660 Duke Street
Alexandria, VA 22314

Mr. Shawn M. Bloom, Director
1660 Duke Street
Alexandria, VA 22314

Mr. Wilfred N. Cooper, Sr., Director
1660 Duke Street
Alexandria, VA 22314

Ms. Nancy J. Feldman, Director
1660 Duke Street
Alexandria, VA 22314

Dr. Russell Holman, Director
1660 Duke Street
Alexandria, VA 22314

Mr. Joseph M. Lubarsky, Director
1660 Duke Street
Alexandria, VA 22314

DIRECTORS & OFFICERS
(MASTER HOUSING BOARD)

Mr. John Morland, Director
1660 Duke Street
Alexandria, VA 22314

Mr. Matt J. Nelson, Director
1660 Duke Street
Alexandria, VA 22314

Ms. Ann B. Schnare, Director
1660 Duke Street
Alexandria, VA 22314