

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09247

FILED
Mar 24, 2014
Secretary of State
CC5451957380

Entity Name: DADE COUNTY VOA ELDERLY HOUSING, INC.

Current Principal Place of Business:

1660 DUKE ST.
ALEXANDRIA, VA 22314

Current Mailing Address:

1660 DUKE STREET
ALEXANDRIA, VA 22314 US

FEI Number: 58-1700955

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

Title	TREASURER, DIRECTOR	Title	ASAT
Name	NANCY, FELDMAN J	Name	DAVID, BOWMAN T
Address	1660 DUKE STEET	Address	1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314	City-State-Zip:	ALEXANDRIA VA 22314

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

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

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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. 03/24/2014

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 VICE CHAIR, 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