

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09247

FILED
Feb 23, 2015
Secretary of State
CC4316353122

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

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

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

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

Title AS
Name SHERIDAN, PATRICK
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

Title ASST. SECRETARY, ASST. TREASURER
Name TURNBULL, THOMAS D
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. 02/23/2015

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 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 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