

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09247

**FILED**  
**Jan 17, 2017**  
**Secretary of State**  
**CC0805225394**

**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 CARRINGTON, EDWINA  
Address 1660 DUKE ST.  
City-State-Zip: ALEXANDRIA VA 22314

Title TREASURER, DIRECTOR  
Name MOORE, CAROL  
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 VC, 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

Title ASST. SECRETARY, ASST. TREASURER  
Name GAVIN, NANCY  
Address 1660 DUKE ST.  
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:** SHARON WILSON GENO

**ASST.SEC./ASST.TREAS. 01/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name ARNOLD, PATTI ANDREINI  
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 GENO, SHARON WILSON  
Address 1660 DUKE ST.  
City-State-Zip: ALEXANDRIA VA 22314

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

Title DIRECTOR  
Name LEBLANC, JAMES  
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 KNAPP, KEITH  
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

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

Title CHAIRMAN, DIRECTOR  
Name BURKS, JANE  
Address 1660 DUKE ST.  
City-State-Zip: ALEXANDRIA VA 22314