

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09247

**FILED
Mar 12, 2023
Secretary of State
3367136406CC**

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

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

Title SECRETARY
Name DOLAN, THOMAS
Address 1660 DUKE ST.
City-State-Zip: ALEXANDRIA VA 22314

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

Title DIRECTOR
Name BLOOM, SHAWN
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 DIRECTOR
Name MULLEN, BETH
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

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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: THOMAS DOLAN

AUTHORIZED PERSON

03/12/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title CHAIRPERSON
Name ADREINI ARNOLD, PATTI
Address 1660 DUKE ST.
City-State-Zip: ALEXANDRIA VA 22314

Title ASST. SECRETARY, ASST. TREASURER
Name NUTZ, FAITH
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

Title ASST. SECRETARY, ASST. TREASURER
Name WILSON-GENO, SHARON
Address 1660 DUKE ST.
City-State-Zip: ALEXANDRIA VA 22314

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

Title DIRECTOR
Name PETERSEN, JEANNE
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 PERKINS, DERRICK
Address 1660 DUKE ST.
City-State-Zip: ALEXANDRIA VA 22314

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

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