

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90306 035 ****61.25

DOCUMENT # N09247

1. Entity Name
DADE COUNTY VOA ELDERLY HOUSING, INC.



Principal Place of Business
**1765 WEST 42ND PLACE
HIALEAH FL 33012
US**

Mailing Address
**VOA NATIONAL SERVICES
1660 DUKE STREET
ALEXANDRIA VA 22314
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **58-1700955** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PNUD GOULD, CHARLES 1660 DUKE ST ALEXANDRIA VA 22314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, JOHN 3100 DIVISION ST METAIRIE LA 70002 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEDLER, LARRY G 3900 N CAUSEWAY S1424 METAIRIE LA 70002 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, PATRICK C 2721 DIVISION ST METAIRIE LA 70002 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, GEORGE 2181 JAMESON AVE # 1003 ALEXANDRIA VA 22314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FASTERLING, CHARLES W 2955 RIDGELAKE DR METAIRIE LA <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gerard Helder 2211 N. Tuckhoe St. Arlington VA 22205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David KiKumoto 6312 S. Fiddlers Green Cir. Denver CO 80111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walker Patterson 230 Peachtree St. NW Atlanta GA 30303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ron Patterson* **REQUIRED** Ron Patterson 1/7/03 703-341-5000

CR2E037 (10/02)

Attachment

80020060

Addendum – Dade County ~~VGA~~ Elderly Housing, Inc.

#N09247

Ron Patterson, AS/AT/D
7530 Market Place Dr.
Eden Prairie, MN 55344

Carol Moore, T/D
10400 Eaton Place, Suite 105
Fairfax, VA 22030

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640 Jackson Street
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