

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09254

**Entity Name:** PALM COAST ELDERLY HOUSING, INC.

**Current Principal Place of Business:**

2405 SATELLITE BLVD  
SUITE 100  
DULUTH, GA 30096

**Current Mailing Address:**

2405 SATELLITE BLVD  
SUITE 100  
DULUTH, GA 30096 US

**FEI Number:** 58-1623161

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRIFFITH, HAROLD A  
1441 WEST 62ND ST  
HIALEAH, FL 33012 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 DP  
Name EICKHOFF, GERALD E  
Address 2405 SATELLITE BLVD  
SUITE 100  
City-State-Zip: DULUTH GA 30096

Title DST  
Name GLENN, ELIZABETH C.  
Address 3447 GREYSTONE CCIR  
City-State-Zip: ATLANTA GA

Title DV  
Name REINHART, ROBERT L.  
Address 3447 GREYSTONE CIR  
City-State-Zip: ATLANTA GA

Title OTHER, MANAGEMENT AGENT FOR  
OWNER  
Name LEDUC, GLENDA  
Address 2405 SATELLITE BLVD  
SUITE 100  
City-State-Zip: DULUTH GA 30096

*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:** FAITH V. HEAD

ACCOUNTING/OCCUPAN 03/25/2019  
CY MGR

Electronic Signature of Signing Officer/Director Detail

Date