

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 702277
1. Corporation Name
THE ALLIANCE COMMUNITY FOR RETIREMENT LIVING, INC.

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|--|--|
| Principal Place of Business 600 South Florida Ave DeLand, FL 32720 | Mailing Address 600 South Florida Ave DeLand, FL 32720 |
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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

3. Date Incorporated or Qualified
04/13/1961

4. FEI Number
59-0817603

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**SWARTZ, JOSEPH J.
600 S FLORIDA AVE
DELAND, FL 32720**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Feather, Merlin C | 1.2 NAME | |
| STREET ADDRESS | 4746 Truscott Rd. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Charlotte, NC | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dys, Peter | 2.2 NAME | |
| STREET ADDRESS | 15000 Shell Point Blvd | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Ft. Myers, FL 33908 | 2.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Davey, James A | 3.2 NAME | |
| STREET ADDRESS | 15000 Shell Point Blvd | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Ft. Myers, FL 33908 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'Farrell, Mark | 4.2 NAME | |
| STREET ADDRESS | 4110 S Goldenrod Rd | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Orlando, FL 32872 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Wheeland, Duane | 5.2 NAME | |
| STREET ADDRESS | 8595 Explorer Dr | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | Colorado Springs CO 80920 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Stone, George | 6.2 NAME | |
| STREET ADDRESS | 107 Highland St | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | Orange City, FL 32763 | 6.4 CITY-ST-ZIP | |

500002476725 Change Addition
-04/02/98--01006--040
***\$61.25

500002476725 Change Addition
-04/02/98--01006--041
***\$8.75

14. 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 the return 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; that I am the registered agent or authorized representative of the corporation; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *George Stone* 3/24/98 941-454-2156
DATE: _____ DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **GEORGE STONE, VICE PRESIDENT**

CR2E037 (10/97)