

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morman  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 5: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 705727 (6)**  
1. Corporation Name  
**FLORIDA ASSOCIATION OF HOMES FOR THE AGING, INC.**

Principal Place of Business Mailing Address  
**1018 THOMASVILLE RD., #200Y TALLAHASSEE FL 32303** **1018 THOMASVILLE RD., #200Y TALLAHASSEE FL 32303**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/07/1963** 3a. Date of Last Report **04/28/1994**  
4. FEI Number **23-7335883** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 County 25 County 29 County 30 County

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HUSS, STEVEN W.  
1017 THOMASVILLE RD., SUITE C  
TALLAHASSEE FL 32303**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the 4 applicable NOTE: Registered Agent signature required when reappointing DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>WISE, BARBARA</b>
STREET ADDRESS	<b>2855 GULF-TO-BAY BLVD.</b>
CITY - ST - ZIP	<b>CLEARWATER FL 34619</b>
TITLE	<b>PD</b>
NAME	<b>THOMPSON, ANN</b>
STREET ADDRESS	<b>601 N. NEWMAN ST.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE	<b>TD</b>
NAME	<b>PALEVSKY, ELLIOTT</b>
STREET ADDRESS	<b>11401 OLD ST. AUGUSTINE</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32258</b>
TITLE	<b>SD</b>
NAME	<b>CRANK, JACKIE S.</b>
STREET ADDRESS	<b>1099 CLAY ST.</b>
CITY - ST - ZIP	<b>WINTER PARK FL 32789</b>
TITLE	<b>D</b>
NAME	<b>VANDERBECK, J. MARK</b>
STREET ADDRESS	<b>700 JOHN RINGLING BLVD.</b>
CITY - ST - ZIP	<b>SARASOTA FL 34238</b>
TITLE	<b>VD</b>
NAME	<b>WHITLEY, WILLIAM R.</b>
STREET ADDRESS	<b>1400 LE BARRON ST.</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>200001472832</b>
13 STREET ADDRESS	<b>-05/03/95--01051--003</b>
14 CITY - ST - ZIP	<b>*****61.25 *****61.25</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>TD</b>
33 STREET ADDRESS	<b>MARY HARRISON</b>
34 CITY - ST - ZIP	<b>413 N.E. 3RD STREET DeLay Beach, FL 33483</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>VD</b>
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann L. Thompson **ANN L. THOMPSON, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
Date: **4/28/95** (904) 798-5353

# **FLORIDA ASSOCIATION OF HOMES FOR THE AGING**

*An Organization of Retirement Housing and Health Care Communities*

**Ann L. Thompson**  
*President*

**1018 Thomasville Rd., Suite 200Y • Tallahassee, FL 32303**

**Karen R. Torgesen**  
*Executive Director*

**(904)222-3562 • Fax: (904)222-4591**

## **ATTACHMENT TO CORPORATION ANNUAL REPORT FOR 1995**

**VD**

**Barbara Lindstrom**  
1999 Georgia Circle, S.  
Clearwater, FL 34620

**VD**

**H. Sandra Hugg**  
400 Corbett Street  
Clearwater, FL 34616

**M**

**Karen R. Torgesen**  
1018 Thomasville Rd., Suite 200Y  
Tallahassee, FL 32303