2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705727

FILED May 04, 2004 Secretary of State

Entity Name: FLORIDA ASSOCIATION OF HOMES FOR THE AGING, INC.

Current Principal Place of Business:				New Principal Place of Business:			
1812 RIGG TALLAHAS	INS RD. SEE, FL 323	08					
Current Mailing Address:				New Mailing Address:			
1812 RIGG TALLAHAS	INS RD. SEE, FL 323	08					
FEI Number:	23-7335883	FEI Number Applied For()	FEI Nun	nber Not Appl	licable ()	Certificate of Status	Desired (X)
Name and	Address of (Current Registered Agent:		Name and	Address of	New Registered A	gent:
BOYD, JAN 1812 RIGG TALLAHAS		08 US					
The above in the State		submits this statement for the	purpose o	f changing i	ts registered	office or registered a	agent, or both,
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ag	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	GOETZ, MART	AUGUSTINE RD		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	JOHNSON, RA 1000 VICARS I			Title: Name: Address: City-St-Zip:	BUXO, JUDI	(X) Change () Addition ST., STE. 820 S, IA 50309	
Title: Name: Address: City-St-Zip:	IRWIN, DANIÈI	ST. SUITE 301		Title: Name: Address: City-St-Zip:	IRWIN, DANII	TH ST. SUITE 301	
Title: Name: Address: City-St-Zip:	BOORD, SCOT 4847 FRED GL) Delete LADSTONE DR. BEACH, FL 33417		Title: Name: Address: City-St-Zip:	BOORD, SCO 4847 FRED O	(X) Change () Addition DTT GLADSTONE DR. BEACH, FL 33417	
Title: Name: Address: City-St-Zip:	C (NORTON, JAC 700 MEASE PI DUNEDIN, FL	_AZA		Title: Name: Address: City-St-Zip:	D (NORTON, JA 700 MEASE F DUNEDIN, FL	PLAZA	
Title: Name: Address: City-St-Zip:	S (LYNN, RICHAR 740 N WOODL DELAND, FL 3	AND BLVD		Title: Name: Address: City-St-Zip:	D (LYNN, RICHA 740 N WOOD DELAND, FL	DLAND BLVD	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT BOORD C 05/04/2004

TERRI CUNLIFFE, TREASURER 9201 W. BROWARD BLVD. PLANTATION, FL 33324

ROBERT SCHARMANN, CCRC CHAIR 651 SW 6TH ST POMPANO BEACH, FL 33060