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FILED
Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000006155 (3)

1. Corporation Name
INTEGRATED LIVING COMMUNITIES OF BOYNTON BEACH, INC.



Principal Place of Business Mailing Address
24850 OLD 41 RD #10 BONITA SPRINGS FL 34135 **24850 OLD 41 RD #10 BONITA SPRINGS FL 34135-7087**

3. Date Incorporated or Qualified **11/15/1996** 3a. Date of Last Report
 4. FEI Number **65-0717493** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ELKINS, ROBERT	
STREET ADDRESS	24850 OLD 41 RD #10	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KOMP, EDWARD J	
STREET ADDRESS	24850 OLD 41 RD #10	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	KOMP, EDWARD J	
STREET ADDRESS	24850 OLD 41 RD #10	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CIRKA, LAWRENCE P	
STREET ADDRESS	24850 OLD 41 RD #10	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARED, LUIS	
STREET ADDRESS	24850 OLD 41 RD #10	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAVERTY, CHARLES	
STREET ADDRESS	24850 OLD 41 RD #10	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lisa Merritt	
1.3 STREET ADDRESS	469 Carica Road	
1.4 CITY - ST - ZIP	Naples, FL 34108	
2.1 TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kayda A. Johnson	
2.3 STREET ADDRESS	7460 Avenida DePalais	
2.4 CITY - ST - ZIP	Carlsbad, CA 92009	
3.1 TITLE	CFO T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John B. Poole	
3.3 STREET ADDRESS	12190 Wellesely Court	
3.4 CITY - ST - ZIP	Fort Myers, FL 33913	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Geralyn Kidera	
4.3 STREET ADDRESS	12733 Devonshire Lake Circle	
4.4 CITY - ST - ZIP	Fort Myers, FL 33913	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: **John B. Poole** *2/14/97* (941) 947-7200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYONE PHONE #

CR2E034 (9/96)