

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008840

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** FLORIDA ASSISTED LIVING AFFILIATION, INC.

**Current Principal Place of Business:**

1922 MICCOSUKEE ROAD  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1922 MICCOSUKEE ROAD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 01-0549750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANGE, PATRICIA  
1922 MICCOSUKEE ROAD  
TALLAHASSEE, FL 32308 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBARE, BRIAN  
Address: 1001 CARPENTER'S WAY  
City-St-Zip: LAKELAND, FL 33809

Title: V (X) Delete  
Name: GLAVICH, JAMIE  
Address: 9664 HOOD ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: T ( ) Delete  
Name: GLUCKSMAN, JOE  
Address: 534 DATURA STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S ( ) Delete  
Name: CUTSURI, PAM  
Address: 3903 LAKE ST. GEORGE DRIVE  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GLAVICH, JAMIE  
Address: 9664 HOOD ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: SCHRUNK, STEVE  
Address: 941 VILLAGE TRAIL  
City-St-Zip: PORT ORANGE, FL 32127

Title: S (X) Change ( ) Addition  
Name: WEIDLER, KRONE  
Address: 312 EAST 124TH AVENUE  
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PATRICIA LANGE

ED

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date