


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002137

1. Entity Name
THE SENIOR FOUNDATION CORP.



Principal Place of Business
**3200 N.FEDERAL HWY
 206-22
 BOCA RATON, FL 33431**

Mailing Address
**POST OFFICE BOX 1772
 BOCA RATON, FL 33429**



04222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3630165

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HOFFMAN, STUART C P.A.
 2600 N MILITARY TRAIL
 STE 290
 BOCA RATON, FL 33431**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GORDON, J.ROBERT 401 NORTHEAST MIZNER BOULEVARD STE T-303 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROLLENHAGEN, DIANE H 401 NORTHEAST MIZNER BOULEVARD STE T-303 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DAVIS, JILL S 401 NORTHEAST MIZNER BOULEVARD STE T-303 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VAGA-HAUSE, CAROL 3200 N. FEDERAL HWY., STE 206-22 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO HONICKMAN, LLOYD 401 NE MIZNER BLVD., APT T508 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 04/27/05-60107-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lloyd Honickman* 4/24/05 561393688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #