


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 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
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04172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3630165	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

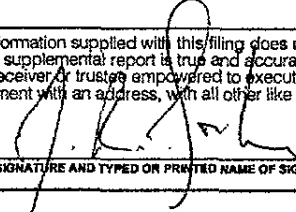
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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 T506 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400000521223  
 05/02/06-80127-009 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: 4/17/06 Daytime Phone #: 561-361-9091