


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90024 031 ****61.25

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**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01282008 Chg-NP CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2008**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GORDON, J.ROBERT	
STREET ADDRESS	401 NORTHEAST MIZNER BOULEVARD STE T-303	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROLLENHAGEN, DIANE H	
STREET ADDRESS	401 NORTHEAST MIZNER BOULEVARD STE T-303	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, JILL S	
STREET ADDRESS	401 NORTHEAST MIZNER BOULEVARD STE T-303	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	T	<input type="checkbox"/> Delete
NAME	GEWLILE, ROBERT	
STREET ADDRESS	3200 NORTH FEDERAL HWY STE 206-22	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	HONICKMAN, LLOYD	
STREET ADDRESS	401 NE MIZNER BLVD., APT T506	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

GENTILE, Robert Change Addition
misspelled name

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]* **1/29/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #