

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 19, 2006  
Secretary of State

DOCUMENT# N06529

Entity Name: THE RETIREMENT HOUSING COUNCIL, INC.

## Current Principal Place of Business:

3605 DONEGAL DRIVE  
STE 100  
TALLAHASSEE, FL 32309 US

## New Principal Place of Business:

816 SOUTH OREGON AVENUE  
TAMPA, FL 33606 US

## Current Mailing Address:

P.O. BOX 12434  
P O BOX 12934  
TALLAHASSEE, FL 32317 US

## New Mailing Address:

816 SOUTH OREGON AVENUE  
TAMPA, FL 33606 US

FEI Number: 59-2522623      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANLEY, WILLIAM R.  
2846 B REMINGTON GREEN  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

ECKHOFF, TARA M MS.  
816 SOUTH OREGON AVENUE  
TAMPA, FL 33606 US

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: TARA BLIVAS ECKHOFF

04/19/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JOHNSON, R. KELLEY,  
Address: 18617 US HWY 19 N, #300  
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete  
Name: NEASE, MARIAN P  
Address: 5355 TOWN CENTER ROAD, STE 801  
City-St-Zip: BOCA RATON, FL

Title: D ( ) Delete  
Name: SHUCK, RONALD R  
Address: 18167 US HWY 19 N, STE 650  
City-St-Zip: CLEARWATER, FL

Title: P ( ) Delete  
Name: BLIVAS, DONALD  
Address: 3435 FOX RUN RD.  
City-St-Zip: SARASOTA, FL 34234

Title: D ( ) Delete  
Name: GREGSON, TIMOTHY E  
Address: PO BOX 7768  
City-St-Zip: CLEARWATER, FL 337587768

Title: EVP ( ) Delete  
Name: HOST, BRUCE J  
Address: 3605 DONEGAL DIVE  
City-St-Zip: TALLAHASSEE, FL 323093220

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JONES, DAVID MR.  
Address: 420 BAY AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Title: D (X) Change ( ) Addition  
Name: NEASE, MARIAN P MS.  
Address: 5355 TOWN CENTER ROAD, STE 801  
City-St-Zip: BOCA RATON, FL

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

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

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

Title: EVP (X) Change ( ) Addition  
Name: ECKHOFF, TARA M MS.  
Address: 816 SOUTH OREGON AVENUE  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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: TARA BLIVAS ECKHOFF

EVP

04/19/2006

Electronic Signature of Signing Officer or Director

Date