

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 23, 2009  
Secretary of State

DOCUMENT# N06529

Entity Name: THE RETIREMENT HOUSING COUNCIL, INC.

**Current Principal Place of Business:**

816 SOUTH OREGON AVENUE  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

816 SOUTH OREGON AVENUE  
TAMPA, FL 33606 US

**New Mailing Address:**

FEI Number: 59-2522623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ECKHOFF, TARA M MS.  
816 SOUTH OREGON AVENUE  
TAMPA, FL 33606 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: D ( ) Delete  
Name: JONES, DAVID MR.  
Address: 420 BAY AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: NEASE, MARIAN P MS.  
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: ECKHOFF, TARA M MS.  
Address: 816 SOUTH OREGON AVENUE  
City-St-Zip: TAMPA, FL 33606

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

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

Title: D (X) Change ( ) Addition  
Name: WAGNER, DENNIS MR.  
Address: 4661 JOHNSON ROAD, STE. 7  
City-St-Zip: COCONUT CREEK, FL 33073

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

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: TARA BLIVAS ECKHOFF

EVP

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date