

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06529

FILED  
Apr 27, 2012  
Secretary of State

**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  
Name: JONES, DAVID MR.  
Address: 420 BAY AVENUE  
City-St-Zip: CLEARWATER, FL 33756

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

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

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

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

Title: D  
Name: RIST, MICHELE MS.  
Address: 8000 NW 27TH BLVD  
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

SIGNATURE: TARA BLIVAS ECKHOFF

EVP

04/27/2012

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

\_\_\_\_\_  
Date