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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43637

1. Corporation Name

ELDER SERVICES RESOURCE NETWORK, INC.

Principal Place of Business

P. O. BOX 450537
SUNRISE FL 33345-0537
US

Mailing Address

P. O. BOX 450537
SUNRISE FL 33345-0537
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date incorporated or Qualified

05/28/1991

4. FEI Number

65-0418548

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LAW OFFICES OF STUART R. MORRIS PA
2000 GLADES ROAD
STE. 416
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TD
STREET ADDRESS KAPLAN, GAIL C
CITY-ST-ZIP 5100 W COMMERCIAL BLD
FT. LAUDERDALE FL 33319

TITLE ☐ DELETE

NAME DP
STREET ADDRESS BRONSON, JO
CITY-ST-ZIP 309 SE 18TH STREET
FT. LAUDERDALE FL 33316

TITLE ☐ DELETE

NAME RSD
STREET ADDRESS ALBANO, CARLA
CITY-ST-ZIP 7368 NW 5 ST
PLANTATION FL 33317

TITLE ☒ DELETE

NAME VPD
STREET ADDRESS MOLANDER, RICHARD
CITY-ST-ZIP 4019 CORAL SPRINGS DR
CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME CSD
STREET ADDRESS YABLONSKY, ROBIN
CITY-ST-ZIP 1380 N UNIVERSITY DR
PLANTATION FL 33317

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS SCAVRON, CHERYL
CITY-ST-ZIP 7600 WILES RD, C
CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

VPD MAURICE PLOUGH
1515 N. Federal Hwy #300
BOCA RATON, FL
33432

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)