2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90422 005 ****61.25

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1. Entity Name
HEARTHSTONE SENIOR COMMUNITIES, INC.

Principal Place of Business	Mailing Address
100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701	100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701

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02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
23-2856813
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPECTOR GADON & ROSEN, PA
360 CENTRAL AVENUE
SUITE 1550
ST. PETERSBURG, FL 33701

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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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	TSCHOP, CAROL A.
STREET ADDRESS	141 HARVEST LANE
CITY-ST-ZIP	CHAMBERSBURG, PA 17201
TITLE	D
NAME	WARSHAWER, ELIZABETH
STREET ADDRESS	2114 DELANCEY PLACE
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	D
NAME	CORMAN, JOHN P
STREET ADDRESS	41 PARKRIDGE DRIVE
CITY-ST-ZIP	BRYN MAWR, PA 19010
TITLE	D
NAME	JABRO, ANN D
STREET ADDRESS	109 COLONIAL DRIVE
CITY-ST-ZIP	SEWICKLEY, PA 15143
TITLE	D
NAME	HALL, JA. LYLE W
STREET ADDRESS	108 EGANFUSKEE STREET
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: CAROL TSCHOP 4/16/04 717-263-3249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #