

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728675

**Entity Name:** SENIOR RESOURCE ASSOCIATION, INC.

**Current Principal Place of Business:**

694 14TH STREET  
VERO BEACH, FL 32960

**Current Mailing Address:**

694 14TH STREET  
VERO BEACH, FL 32960

**FEI Number:** 59-1539957

**Certificate of Status Desired:** Yes

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

DEIGL, KAREN  
694 14TH STREET  
VERO BEACH, FL 32960 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CEO  
Name DEIGL, KAREN  
Address 694 14TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title CFO  
Name JOHNSON, JENNIFER  
Address 694 14TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title CHAIRMAN  
Name WRIGHT, DONALD  
Address 694 14TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name RAINONE, TRUDIE  
Address 694 14TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title VC  
Name CAIRNS, SCOTT  
Address 694 14TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title TREASURER  
Name GISLER, CHARLIE  
Address 694 14TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title SECRETARY  
Name MICHAEL, DAWN  
Address 694 14TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name RAIFF, ROBIN  
Address 694 14TH STREET  
City-State-Zip: VERO BEACH FL 32960

**Continues on page 2**

*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:** JENNIFER JOHNSON

VP, CFO

01/20/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name THOMPSON BARNES, LISA  
Address 694 14TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name VITTER, JAMES G  
Address 694 14TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name WALTON, LINDA  
Address 694 14TH STREET  
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR  
Name GREGG, JAMES B  
Address 694 14TH STREET  
City-State-Zip: VERO BEACH FL 32960