

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008840

**Entity Name:** FLORIDA ASSISTED LIVING AFFILIATION, INC.

**Current Principal Place of Business:**

2447 MILLCREEK COURT  
SUITE 3  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2447 MILLCREEK COURT  
SUITE 3  
TALLAHASSEE, FL 32308

**FEI Number: 01-0549750**

**Certificate of Status Desired: No**

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

HASTON, SHADDRICK  
2447 MILLCREEK COURT  
SUITE 3  
TALLAHASSEE, FL 32308 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: SHADDRICK HASTON**

**03/28/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name KLINOWSKI, DOUGLAS  
Address 5905 PINE HILL ROAD  
City-State-Zip: PORT RICHEY FL 34668

Title PRESIDENT  
Name DAMIANI, DONNA  
Address 725 EDGEWATER DRIVE  
City-State-Zip: DUNEDIN FL 34698

Title S  
Name TOLAND, DIANE  
Address 5250 WHIPPOORWILL DRIVE  
City-State-Zip: HOLIDAY FL 34690

Title CEO  
Name HASTON, SHADDRICK  
Address 2447 MILLCREEK COURT, SUITE 3  
City-State-Zip: TALLAHASSEE FL 32308

*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: SHADDRICK HASTON**

**CEO**

**03/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date