

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008840

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

**FILED**  
**Jul 15, 2024**  
**Secretary of State**  
**5987515934CC**

**Current Principal Place of Business:**

1618 MAHAN CENTER BLVD  
SUITE 104  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1618 MAHAN CENTER BLVD.  
SUITE 104  
TALLAHASSEE, FL 32308 US

**FEI Number: 01-0549750**

**Certificate of Status Desired: No**

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

HASTON, SHADDRICK  
1618 MAHAN CENTER BLVD  
SUITE 104  
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**

**07/15/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name DAMIANI, DONNA  
Address 10476 131ST STREET N  
City-State-Zip: LARGO FL 33774

Title VC  
Name SPRUILL, MONIQUE  
Address 13770 58TH STREET N.  
City-State-Zip: CLEARWATER FL 33760

Title SECRETARY  
Name MOBLEY, SHELIA  
Address 1721 ROCKLEDGE DRIVE  
City-State-Zip: ROCKLEDGE FL 32955

Title TREASURER  
Name MOHLER, TERRI  
Address 850 W. NORVELL BRYANT HWY.  
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR, REGIONAL NE  
Name CARLYLE, TINA  
Address 5855 BOGGS FORD ROAD  
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR  
Name GRUBB, SHELAGH  
Address 2100 N. DIXIE HIGHWAY  
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR  
Name KIMBALL, CHUCK  
Address 4490 NORTH W STREET  
SUITE 103  
City-State-Zip: PENSACOLA FL 32508

Title OTHER  
Name COLLAZO, LUIS  
Address 1045 PALM AVENUE  
City-State-Zip: HIALEAH FL 33010

**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: SHADDRICK HASTON**

**REGISTERED AGENT**

**07/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OTHER  
Name GLAVICH, JAMIE  
Address 9664 HOOD RD  
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR  
Name ADKINS, DOUG  
Address 554820 US HIGHWAY #1  
City-State-Zip: HILLIARD FL 32046

Title DIRECTOR  
Name GALINDO, BARBARA  
Address 5617 NW 7TH STREET  
City-State-Zip: MIAMI FL 33126

Title EX OFFICIO FOUNDATION CHAIR  
Name BURSA, BRIAN  
Address 3812 COCONUT PALM DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 32314

Title DIRECTOR  
Name SHELIA, KYNION  
Address 2960 TAMPA ROAD  
City-State-Zip: PALM HARBOR FLORIDA FL 34684

Title DIRECTOR  
Name BROOKE, BRITTON  
Address 756 SANTA MARIA DR.  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name DUASSO, JOSE  
Address 2787 SW 33RD AVE.  
City-State-Zip: MIAMI FL 33133

Title OTHER  
Name SHERBERG, LARRY  
Address 2144 LINCOLN STREET  
City-State-Zip: HOLLYWOOD FL 33020

Title DIRECTOR  
Name BERGERON, PASCAL  
Address 1222 N 16TH AVE  
City-State-Zip: HOLLYWOOD FL 33020

Title EX OFFICIO FLORIDA BAR  
Name ELLIOTT, TIM  
Address PO BOX 6153  
City-State-Zip: TALLAHASSEE FL 32314

Title DIRECTOR  
Name ROSHINI, LAKRAM  
Address 3562 SEMINOLE ROAD  
City-State-Zip: FORT PIERCE FL 34951

Title DIRECTOR  
Name HALL, SANDRA  
Address 700 ANDERSON DRIVE  
City-State-Zip: BONIFAY FL 32425

Title DIRECTOR  
Name DIAMOND, BILL  
Address 6945 CARLISLE COURT  
City-State-Zip: NAPLES FL 34109