

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008840

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

**Current Principal Place of Business:**

1618 MAHAN CENTER BLVD  
SUITE 103  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1618 MAHAN CENTER BLVD.  
SUITE 103  
TALLAHASSEE, FL 32308 US

**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

01/13/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name KLINOWSKI, DOUGLAS  
Address 1618 MAHAN CENTER BLVD  
SUITE 103  
City-State-Zip: TALLAHASSEE FL 32308

Title PRESIDENT  
Name DAMIANI, DONNA  
Address 1618 MAHAN CENTER BLVD  
SUITE 103  
City-State-Zip: TALLAHASSEE FL 32308

Title S  
Name SPRUILL, MONIQUE  
Address 1618 MAHAN CENTER BLVD  
SUITE 103  
City-State-Zip: TALLAHASSEE FL 32308

Title CEO  
Name HASTON, SHADDRICK  
Address 1618 MAHAN CENTER BLVD  
SUITE 103  
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

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date