

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009245

**Entity Name:** THE INSTITUTE FOR THE AGES, INC.

**Current Principal Place of Business:**

1991 MAIN STREET, SUITE 248  
SARASOTA, FL 34236

**Current Mailing Address:**

1991 MAIN STREET, SUITE 248  
SARASOTA, FL 34236 US

**FEI Number: 27-3673940**

**Certificate of Status Desired: No**

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

ESSELMAN, THOMAS M.  
1991 MAIN STREET  
SUITE 248  
SARASOTA, FL 34236 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:** THOMAS M. ESSELMAN

04/21/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name DART, JOHN M  
Address 1515 RINGLING BLVD. #700  
City-State-Zip: SARASOTA FL 34236

Title D  
Name JOFFE, ROXANNE  
Address 1900 MAIN STREET #301  
City-State-Zip: SARASOTA FL 34236

Title D  
Name FISHMAN, CHARLES J  
Address 143 MIAMI AVENUE EAST  
City-State-Zip: VENICE FL 34285

Title D  
Name LANE, ROBERT J  
Address 1990 MAIN STREET #801  
City-State-Zip: SARASOTA FL 34236

Title D  
Name SCHLOSSBERG, NANCY K  
Address 340 S. PALM AVENUE #53  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name ADLER, RICHARD  
Address 10778 JUNIPER COURT  
City-State-Zip: CUPERTINO CA 95014

Title DIRECTOR  
Name AGRITELLEY, STEPHEN  
Address 20270 AMBERGLEN COURT  
City-State-Zip: BEAVERTON OR 97006

Title DIRECTOR  
Name HUNT, GAIL  
Address 4720 MONTGOMERY LANE  
SUITE 205  
City-State-Zip: BETHESDA MD 20814

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*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:** THOMAS M. ESSELMAN

PRESIDENT/CEO

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MOODY, HARRY R.  
Address 3870 BROADWAY  
APT. #16  
City-State-Zip: BOULDER CO 80304

Title PRESIDENT/CEO  
Name ESSELMAN, THOMAS M.  
Address 1991 MAIN STREET, SUITE 248  
City-State-Zip: SARASOTA FL 34236