

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J33017

**FILED**  
**Apr 14, 2017**  
**Secretary of State**  
**CC1530333594**

**Entity Name:** ALBANY AVENUE ADULT CONGREGATE LIVING FACILITY, INC.

**Current Principal Place of Business:**

211 N ALBANY AVE  
TAMPA, FL 33606

**Current Mailing Address:**

211 N ALBANY AVE  
TAMPA, FL 33606

**FEI Number:** 59-2537243

**Certificate of Status Desired:** No

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

MANESCALA, PETER D  
1920 W NORTH 'B' ST  
TAMPA, FL 33606 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	PSD	Title	VT
Name	MANESCALA, PETER D	Name	MANESCALA, JACKIE L
Address	1920 W NORTH 'B' ST	Address	1920 W NORTH 'B' ST
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER DAVID MANESCALA

**PRESIDENT**

**04/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date