

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 839014

**Entity Name:** LIFESPACE COMMUNITIES, INC.**Current Principal Place of Business:**4201 CORPORATE DRIVE  
WEST DES MOINES, IA 50266**Current Mailing Address:**4201 CORPORATE DRIVE  
WEST DES MOINES, IA 50266 US**FEI Number:** 42-1068850**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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            PRESIDENT & CEO  
Name            JANTZEN, JESSE  
Address        4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title            DIRECTOR  
Name            KEHM, ROBERT C  
Address        12905 WALMER ST.  
City-State-Zip: OVERLAND PARK KS 66209

Title            DIRECTOR  
Name            DUTRA, ANA  
Address        1001 ISLA VERDE SQUARE  
City-State-Zip: VERO BEACH FL 32963

Title            DIRECTOR  
Name            YANOFSKY, NEAL  
Address        2215 CEDAR SPRINGS RD., APT. 2013  
City-State-Zip: DALLAS TX 75201

Title            DIRECTOR  
Name            EPP, EDWIN LAVERNE J  
Address        1109 WEST HILLS TERRACE  
City-State-Zip: LAWRENCE KS 66044-2546

Title            DIRECTOR  
Name            SHIVES, PAULA J  
Address        403 N. INTERLACHEN AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title            DIRECTOR  
Name            SPANGLER, PATRICK  
Address        9201 GOLDEN VALLEY RD., APT. 614  
City-State-Zip: GOLDEN VALLEY MN 55427

Title            DIRECTOR  
Name            FIELDS, VENITA  
Address        9236 AVERS AVENUE  
City-State-Zip: EVANSTON IL 60203

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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: NICK HARSHFIELD****CFO, TREASURER &  
CORP. SECRETARY****02/18/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DARKEY-HRINYA, JOYCE  
Address 620 WEST 56TH STREET  
City-State-Zip: KANSAS CITY MO 64113

Title DIRECTOR  
Name COLLIER, SCOTT  
Address 6606 STEFANI DRIVE  
City-State-Zip: DALLAS TX 75225

Title DIRECTOR  
Name RICH, WILLIAM  
Address 605 UNIVERSE BOULEVARD T700  
City-State-Zip: JUNO BEACH FL 33408

Title CFO, TREASURER, AND CORPORATE SECRETARY  
Name HARSHFIELD, NICK  
Address 4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR  
Name DOTTER, LAURIE  
Address 3615 WEST LAWATHER DRIVE  
City-State-Zip: DALLAS TX 75214