

**2018 FOREIGN NOT FOR PROFIT CORPORATION AMENDED 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:** No

**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 SVP, CHIEF FINANCIAL OFFICER AND  
TREASURER  
Name SMITH, LARRY M  
Address 4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title SVP, GENERAL COUNSEL AND  
SECRETARY  
Name HIRSCH, JODI K  
Address 4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR, PRESIDENT AND CEO  
Name BENTLEY, MEREDITH S  
Address 4201 CORPORATE DRIVE  
City-State-Zip: WEST DES MOINES IA 50266

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

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

Title DIRECTOR  
Name BOURNE, DONALD W  
Address 721 PALO ALTO COURT  
City-State-Zip: PASO ROBLES CA 93446

Title DIRECTOR  
Name SHIVES, PAULA J  
Address 2011 VIA TUSCANY  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name DUTRA, ANA  
Address 425 SUNSET RIDGE ROAD  
City-State-Zip: NORTHFIELD IL 60093

**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:** JODI HIRSCH

**SECRETARY**

**07/02/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SPANGLER, PATRICK  
Address 1785 BRIDGEWATER ROAD  
City-State-Zip: GOLDEN VALLEY MN 55422

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

Title DIRECTOR  
Name YANOFSKY, NEAL  
Address 5911 GLENDORA AVENUE  
City-State-Zip: DALLAS TX 75230

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