

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Feb 27 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 557441 (3)**  
1. Corporation Name  
**INTEGRATED LIVING COMMUNITIES OF SARASOTA, INC.**



Principal Place of Business  
**10065 RED RUN BLVD  
OWINGS MILLS MD 21117  
US**

Mailing Address  
**10065 RED RUN BLVD  
OWINGS MILLS MD 21117-4827  
US**

<b>3.</b> Date Incorporated or Qualified <b>01/17/1978</b>	<b>3a.</b> Date of Last Report <b>03/06/1996</b>
<b>4.</b> FEI Number <b>59-1835706</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.</b> Principal Place of Business <b>21 4540 Bee Ridge Road</b> State, Apt. #, etc. <b>22 Sarasota, FL</b> City & State <b>23 34233</b> <b>25 USA</b> Zip Country	<b>2a.</b> Mailing Address <b>26 24850 Old 41 Road</b> Suite, Apt. #, etc. <b>27 Suite 10</b> City & State <b>28 Bonita Springs, FL</b> Zip Country <b>29 34135</b> <b>30 USA</b>
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<b>9. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM 1200 SO PINE ISL RD PLANTATION FL 33324</b>	<b>81</b> Name	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>83</b>	<b>84</b> City	<b>85</b> Zip Code
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**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FULCHINO, MARK</b>		1.2 NAME <b>Lisa Merritt</b>	
STREET ADDRESS <b>10065 RED RUN BLVD</b>		1.3 STREET ADDRESS <b>469 Carica Road</b>	
CITY - ST - ZIP <b>OWINGS MILLS MD</b>		1.4 CITY - ST - ZIP <b>Naples, FL 34108</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>COO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CIRKA, LAWRENCE P</b>		2.2 NAME <b>Kayda A. Johnson</b>	
STREET ADDRESS <b>10065 RED RUN BLVD</b>		2.3 STREET ADDRESS <b>7460 Avenida DePalais</b>	
CITY - ST - ZIP <b>OWINGS MILLS MD</b>		2.4 CITY - ST - ZIP <b>Carlsbad, CA 92009</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>CFO T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CAHILL, DENNIS A</b>		3.2 NAME <b>John B. Poole</b>	
STREET ADDRESS <b>10065 RED RUN BLVD</b>		3.3 STREET ADDRESS <b>12190 Wellesely Court</b>	
CITY - ST - ZIP <b>OWINGS MILLS MD</b>		3.4 CITY - ST - ZIP <b>Fort Myers, FL 33913</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LEVIN, MARC B</b>		4.2 NAME <b>Geralyn Kidera</b>	
STREET ADDRESS <b>10065 RED RUN BLVD</b>		4.3 STREET ADDRESS <b>12733 Devonshire Lake Circle</b>	
CITY - ST - ZIP <b>OWINGS MILLS MD</b>		4.4 CITY - ST - ZIP <b>Fort Myers, FL 33913</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ELKINS, MARSHALL A</b>		5.2 NAME	
STREET ADDRESS <b>10065 RED RUN BLVD</b>		5.3 STREET ADDRESS	
CITY - ST - ZIP <b>OWINGS MILLS MD</b>		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed. \_\_\_\_\_

**SIGNATURE:** John B. Poole 2/14/97 (941) 947-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**1997 PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT NO. 557441 (3)**

**INTEGRATED LIVING COMMUNITIES OF SARASOTA, INC.**

No. 13 Additions/Changes to Officers and Directors in 12

D

Elkins, Robert  
8231 Bay Colony Drive #2101  
Naples, FL 34108

DP

Komp, Edward J  
25161 Ridge Oak Drive  
Bonita Springs, FL 34134

CEO

Komp, Edward J  
25161 Ridge Oak Drive  
Bonita Springs, FL 34134

D

Cirka, Lawrence P  
4400 Riverwatch Drive #M201  
Bonita Springs, FL 33923

D

Bared, Luis  
24850 Old 41 Rd #10  
Bonita Springs, FL 34135

D

Laverty, Charles  
2230 North Euclid Avenue  
Upland, CA 91784