

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714816

FILED  
Feb 04, 2008  
Secretary of State

**Entity Name:** THE MAE VOLEN SENIOR CENTER, INC.

**Current Principal Place of Business:**

1515 W. PALMETTO PARK ROAD  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

**Current Mailing Address:**

1515 W PALMETTO PARK ROAD  
BOCA RATON, FL 33486 US

**New Mailing Address:**

1515 W. PALMETTO PARK ROAD  
BOCA RATON, FL 33486 US

**FEI Number:** 59-2695062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUGO, ELIZABETH  
1515 W. PALMETTO PARK ROAD  
BOCA RATON, FL 33486 US

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

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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: WALTON, R. KEITH,  
Address: 2101 NW 2ND AVE.  
City-St-Zip: BOCA RATON, FL

Title: VCD ( ) Delete  
Name: LANGSTON, LISK  
Address: 3100 NORTH MILITARY TRAIL  
City-St-Zip: BOCA RATON, FL 33431

Title: PCEO ( ) Delete  
Name: LUGO, ELIZABETH  
Address: 1515 W PALMETTO PARK RD  
City-St-Zip: BOCA RATON, FL 33486

Title: SD ( ) Delete  
Name: SEIBERT, NINA  
Address: 433 SW 8TH STREET APT F  
City-St-Zip: BOCA RATON, FL 33432

Title: VCD ( ) Delete  
Name: MILLER, LAWRENCE  
Address: 2300 GLADES ROAD SUITE 400E  
City-St-Zip: BOCA RATON, FL 33431

Title: C ( ) Delete  
Name: SIMON, ERNEST  
Address: 140 NE 4TH AVE, STE A  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH LUGO

PCEO

02/04/2008

Electronic Signature of Signing Officer or Director

Date