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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:54

DOCUMENT # 725714 (0)

1. Corporation Name

COMMUNITY AGING AND RETIREMENT SERVICES, INC.

Principal Place of Business	Mailing Address
7505 ROTTINGHAM ROAD PT RICHEY FL 34668-2648 US	7505 ROTTINGHAM ROAD PT RICHEY FL 34668-2648 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1973
3a. Date of Last Report: 01/25/1994
4. FEI Number: 23-7348090 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: X — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes XX No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

SNIEZEK JOHN L
9226 NILE DR, RIVERSIDE VILLAGE
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL — 85 Zip Code

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: John R. Sniezek JOHN L. SNIEZEK/CHIEF EXECUTIVE OFFICER JANUARY 20, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	TREASURER	X Change ☐ Addition
NAME	CAFARO, MADELINE	1.2 NAME	CAROL KEYES	
STREET ADDRESS	7505 ROTTINGHAM RD	1.3 STREET ADDRESS	5451 WINDWARD WAY	
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	PD	2.1 TITLE	PRESIDENT	XX Change ☐ Addition
NAME	SPINA, STEVEN	2.2 NAME	DR. MARC YACHT, MD	
STREET ADDRESS	38939 CAMBRIDGE RD.	2.3 STREET ADDRESS	10841 LITTLE ROAD	
CITY-ST-ZIP	ZEPHYRHILLS FL	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	BD	3.1 TITLE	VICE PRESIDENT	XX Change ☐ Addition
NAME	HILDEBRAND, ANN	3.2 NAME	ANN HILDEBRAND	
STREET ADDRESS	5311 WINDWARD WAY	3.3 STREET ADDRESS	5311 WINDWARD WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652	
TITLE	D	4.1 TITLE	DIRECTOR, BOARD OF DIRECTORS	X Change ☐ Addition
NAME	KEYES, CAROL M	4.2 NAME	STEVEN SPINA	
STREET ADDRESS	5451 WINDWARD WAY	4.3 STREET ADDRESS	38939 CAMBRIDGE ROAD	
CITY-ST-ZIP	NW PORT RICHEY, FL 00000	4.4 CITY-ST-ZIP	ZEPHRYHILLS, FL. 33540	
TITLE	S	5.1 TITLE	SECRETARY	XX Change ☐ Addition
NAME	JONES, SANDRA J	5.2 NAME	ATTY.MICHAEL VIRGADAMO	
STREET ADDRESS	205 PARADISE LANE	5.3 STREET ADDRESS	7505 ROTTINGHAM ROAD	
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	PORT RICHEY, FL 34668-2648	
TITLE	VP	6.1 TITLE	DIRECTOR, BOARD OF DIRECTOR	XX Change ☐ Addition
NAME	YACHT, MARC J MD	6.2 NAME	DOROTHY MITCHELL	
STREET ADDRESS	10841 LITTLE ROAD	6.3 STREET ADDRESS	8324 MITCHELL RANCH ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34655-3002	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Michael J. Virgadamo (ATTY. VIRGADAMO) JANUARY 20, 1995 (813)229-4235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SECRETARY, BOARD OF DIRECTORS

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