

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **725714** (0)
1. Corporation Name
COMMUNITY AGING AND RETIREMENT SERVICES, INC.

FILED
Jan 29, 1996 08:00 AM
Secretary of State



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

3. Date Incorporated or Qualified **03/05/1973** 3a. Date of Last Report **01/30/1995**
4. FEI Number **23-7348090** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 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 **William Ayeriga**
82 Street Address (P.O. Box Number is Not Acceptable)
7505 Rottingham Rd.
83
84 City **Port Richey** FL 85 Zip Code **34668**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *William Ayeriga* **William Ayeriga, CEO**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|----------------------|--------------------------|--------------------------|--------------------------|
| T | KEYES, CAROL | 5451 WINDWARD WAY | NEW PORT RICHEY FL | <input type="checkbox"/> |
| P | YACHT, MARC M | 10841 LITTLE ROAD | NEW PORT RICHEY FL | <input type="checkbox"/> |
| V | HILDEBRAND, ANN | 5451 WINDWARD WAY | NEWPORT RICHEY FL | <input type="checkbox"/> |
| D | SPINA, ANN | 5451 WINDWARD WAY | NW PORT RICHEY, FL 00000 | <input type="checkbox"/> |
| S | VIRGADAMO, MICHAEL A | 7505 ROTTINGHAM ROAD | PORT RICHEY FL | <input type="checkbox"/> |
| D | MITCHELL, DOROTHY | 8324 MITCHELL RANCH ROAD | NEW PORT RICHEY FL | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------|-----------------|-------------------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

5400 PILOTS PLACE
New Port Richey, FL 34652
SPINA, STEVEN
38939 CAMBRIDGE RD.
ZEPHYRHILLS, FL 33540

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)(k), 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: *Marc Yacht* **MARC YACHT/PRESIDENT** 1/17/96 813/869-3900 EXT. 105
Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (12/95)