

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725714

FILED  
Apr 17, 2011  
Secretary of State

**Entity Name:** COMMUNITY AGING AND RETIREMENT SERVICES, INC.

**Current Principal Place of Business:**

7505 ROTTINGHAM ROAD  
PT RICHEY, FL 346682648 US

**New Principal Place of Business:**

12417 CLOCK TOWER PARKWAY  
HUDSON, FL 34667 US

**Current Mailing Address:**

7505 ROTTINGHAM ROAD  
PORT RICHEY, FL 34668 US

**New Mailing Address:**

12417 CLOCK TOWER PARKWAY  
HUDSON, FL 34667 US

**FEI Number:** 23-7348090

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AYCRIGG, WILLIAM  
7505 ROTTINGHAM ROAD  
PORT RICHEY, FL 34668 US

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

AYCRIGG, WILLIAM  
12417 CLOCK TOWER PARKWAY  
HUDSON, FL 34667 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:

04/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: WOOD, PHILLIP  
Address: 14108 AQUA CLARA DRIVE  
City-St-Zip: HUDSON, FL 34667

Title: VC  
Name: JOHNSON, THEA  
Address: 3232 BLUFF BLVD.  
City-St-Zip: HOLIDAY, FL 34691

Title: D  
Name: MASSENGILL, LEIGH I  
Address: 5637 MARINE PARKWAY  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D  
Name: PANARISI, MARC  
Address: 8763 RIVER CROSSING BLVD.  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D  
Name: GAY, GREGORY G  
Address: 5318 BALSAM ST.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: C  
Name: THOMAS, DELORES  
Address: 5311 GRAND BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: DELORES THOMAS

C

04/17/2011

Electronic Signature of Signing Officer or Director

Date