2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #737188

1. Entity Name
SENIOR CONNECTIONS OF SOUTHWEST FLORIDA, INC.



FILED Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90127 033 ****61.25

				III.				
475 COWBO P.O. BOX 24		Mailing Address 475 COWBOY WAY P.O. BOX 2400 LA BELLE, FL 33975-2	2400 US	;	I (4448 1811 1428) (448) (478)	KIN GURU RISH GURU SUN GUR	11 71 61 188 1	
475 8	Place of Business E. Cowboy Way	3. Mailing Address	2400					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		040520	006 Chg-NP	CR2E037 (11/05)		
City & Stat	elle, FL	City & State La Belle	FL	4. FEI N 59-	umber 1741198	No	plied For t Applicable	
339 3		33975	Country		icate of Status Desired	S8.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name	and Address of New Re	gistered Agent		
GULLEY, MELINDA S 475 E. COWBOY WAY LABELLE, FL 33975-2400				Street Address (P.O. Box Number is Not Acceptable)				
,	. 1 000.0 1.00		47 City	5 E. C	lowbox W	CI Zip Code	9	
				abelle		<u> </u>	935	
	named entity submits this statement for	or the purpose of changing its	registered office of	registered agent, o	or both, in the State of Flori	da. I am familiar with,	and accept	
SIGNATURE	tions of registered agent. CHUST, Nら へん	lan	him to	w h	J. 4.	5.06		
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signat	ure required when reinstatu	(loc	DATE		
· · · · · · · · · · · · · · · · · · ·				····				
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Carr Trust Fund C	npaign Financing contribution.	□ \$5.00 N Added to (10,7 00	ke check payable to la Department of St		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS	/CHANGES TO OFFICERS	S AND DIRECTORS IN	10	
TITLÉ	D	T. /						
		Detete	TITLE	V/D n.	, ,	Change	Addition	
NAME	HOWARD, SETH	Lucetete	NAME	V/D A	ymond T. t	dolland Change	Addition	
STREET ADDRESS	5522 FRONTIER CIRCLE	Liveiste	NAME STREET ADDRESS		ymond T. t O. Box 532	tolland .5	Addition	
	5522 FRONTIER CIRCLE LABELLE, FL 33935	L LV D elete	NAME	Ιr	ymond T. t O. Box 532 nmoKalee,	tolland .5	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	5522 FRONTIER CIRCLE LABELLE, FL 33935 VD	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE			tolland .5	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	5522 FRONTIER CIRCLE LABELLE, FL 33935 VD WAGNON, MILLARD		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Ιr		folland 5 FL 34143		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	5522 FRONTIER CIRCLE LABELLE, FL 33935 VD WAGNON, MILLARD 2230 WAYLIFE CT		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Ιr		folland 5 FL 34143		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5522 FRONTIER CIRCLE LABELLE, FL 33935 VD WAGNON, MILLARD 2230 WAYLIFE CT ALVA, FL 33920	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	nmoKalee,	folland 5 FL 34143 Denange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	5522 FRONTIER CIRCLE LABELLE, FL 33935 VD WAGNON, MILLARD 2230 WAYLIFE CT ALVA, FL 33920 SD		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	7/D MG	nmoKalee, uru Gidden	folland 5 FL 34143 Denange		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5522 FRONTIER CIRCLE LABELLE, FL 33935 VD WAGNON, MILLARD 2230 WAYLIFE CT ALVA, FL 33920 SD LOUKONEN, JOANNE	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	7/D MG	nmoKalee, uru Gidden	folland 5 FL 34143 Denange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	5522 FRONTIER CIRCLE LABELLE, FL 33935 VD WAGNON, MILLARD 2230 WAYLIFE CT ALVA, FL 33920 SD	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Mc	nmokalee, ury Giddens J. Box 328	FL 34143 [] Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5522 FRONTIER CIRCLE LABELLE, FL 33935 VD WAGNON, MILLARD 2230 WAYLIFE CT ALVA, FL 33920 SD LOUKONEN, JOANNE P O BOX 1990 IMMOKALEE, FL 34143	☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Ma P.C La	nmokalee, ury Giddens D. Box 328 Belle, FL 3	1011and .5 FL 34143 [Librange] Change	Addition Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	5522 FRONTIER CIRCLE LABELLE, FL 33935 VD WAGNON, MILLARD 2230 WAYLIFE CT ALVA, FL 33920 SD LOUKONEN, JOANNE P O BOX 1990	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T/D MC P.C La C/D Jo	nmokalee, ury Giddens D. Box 328 Belle, FL 3 hn Hoffm	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	5522 FRONTIER CIRCLE LABELLE, FL 33935 VD WAGNON, MILLARD 2230 WAYLIFE CT ALVA, FL 33920 SD LOUKONEN, JOANNE P O BOX 1990 IMMOKALEE, FL 34143 PD	☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MC P.C La C/D Jo P.	nmokalee, ury Giddens D. Box 328 Belle, FL 3 hn Hoffm O. Box 216	Change 3975 Change	Addition Addition	
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	5522 FRONTIER CIRCLE LABELLE, FL 33935 VD WAGNON, MILLARD 2230 WAYLIFE CT ALVA, FL 33920 SD LOUKONEN, JOANNE P O BOX 1990 IMMOKALEE, FL 34143 PD DUSCHEN, ANN MARIE	☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	T/D MC P.C La C/D Jo P.	nmokalee, ury Giddens D. Box 328 Belle, FL 3 hn Hoffm O. Box 216	Change 3975 Change	Addition Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	5522 FRONTIER CIRCLE LABELLE, FL 33935 VD WAGNON, MILLARD 2230 WAYLIFE CT ALVA, FL 33920 SD LOUKONEN, JOANNE P O BOX 1990 IMMOKALEE, FL 34143 PD DUSCHEN, ANN MARIE 6 MARINA DRIVE	☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T/D MC P.C La C/D Jo P.	nmokalee, ury Giddens De Box 328 Belle, FL 3 hn Hoffm O. Box 216 mmokalee,	Tolland 5 FL 34143 (Change) 3975 an Change 64 FL 34143	Addition Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5522 FRONTIER CIRCLE LABELLE, FL 33935 VD WAGNON, MILLARD 2230 WAYLIFE CT ALVA, FL 33920 SD LOUKONEN, JOANNE P O BOX 1990 IMMOKALEE, FL 34143 PD DUSCHEN, ANN MARIE 6 MARINA DRIVE LABELLE, FL 33935	☐ Delete ☐ Delete ☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MC P.C La C/D Jo P.	nmokalee, ury Giddens De Box 328 Belle, FL 3 hn Hoffm O. Box 216 mmokalee,	Tolland 5 FL 34143 (Change) 3975 an Change 64 FL 34143	Addition Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5522 FRONTIER CIRCLE LABELLE, FL 33935 VD WAGNON, MILLARD 2230 WAYLIFE CT ALVA, FL 33920 SD LOUKONEN, JOANNE P O BOX 1990 IMMOKALEE, FL 34143 PD DUSCHEN, ANN MARIE 6 MARINA DRIVE LABELLE, FL 33935 D NOBLES, GERALDINE 620 FT THOMPSON AVE LABELLE, FL 33935	Delete Delete Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	T/D MC P.C La C/D Jo P. T D Sto	nmokalee, ury Giddens De Box 328 Belle, FL 3 hn Hoffm O. Box 216 mmokalee,	1011and 5 FL 34143 (ILPhange) 3975 an Change 4 FL 34143 105 88 88	Addition Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	5522 FRONTIER CIRCLE LABELLE, FL 33935 VD WAGNON, MILLARD 2230 WAYLIFE CT ALVA, FL 33920 SD LOUKONEN, JOANNE P O BOX 1990 IMMOKALEE, FL 34143 PD DUSCHEN, ANN MARIE 6 MARINA DRIVE LABELLE, FL 33935 D NOBLES, GERALDINE 620 FT THOMPSON AVE LABELLE, FL 33935 D PROUTY, MARY RUTH	Delete Delete Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	T/D MC P.C La C/D JO P. D Sto	nmokalee, ury Giddens Dox 328 Belle, FL 3 hn Hoffm O. Box 216 mmokalee, eve Polhem O. Box 21	1011and 5 FL 34143 (ILPhange) 3975 an Change 4 FL 34143 105 88 88	Addition Addition	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: