

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

25 MAY 16 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 840313 (1)

1. Corporation Name

ADULT COMMUNITIES TOTAL SERVICES, INC.

Principal Place of Business

Mailing Address

375 MORRIS ROAD, PO BOX 80
WEST POINT PA 19486

375 MORRIS ROAD, PO BOX 80
WEST POINT PA 19486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1978

3a. Date of Last Report

05/01/1994

4. FEI Number

23-1910132

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEARLSTINE, JULES
1900 CORPORATE BLVD, N.W.
SUITE 301, WEST BUILDING
BOCA RATON FL 33431

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

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

DC

NAME

COONS, RICHARD

STREET ADDRESS

375 MORRIS ROAD

CITY - ST - ZIP

WEST POINT PA

TITLE

DP

NAME

MASHNER, MARVIN

STREET ADDRESS

375 MORRIS ROAD

CITY - ST - ZIP

WEST POINT PA

TITLE

DT

NAME

DRAPER, JAMES

STREET ADDRESS

1512 ASHBY ROAD

CITY - ST - ZIP

PAOLI PA 19301

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

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33 STREET ADDRESS

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☐ Change ☐ Addition

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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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Gathers, Assistant Controller

5/9/95

2156618330