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Aug 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 840313 (1)

1. Corporation Name

ADULT COMMUNITIES TOTAL SERVICES, INC.

Principal Place of Business

375 MORRIS ROAD, PO BOX 90
WEST POINT PA 19486

Mailing Address

375 MORRIS ROAD, PO BOX 90
WEST POINT PA 19486-0090

3. Date Incorporated or Qualified
03/29/1978

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
23-1900132

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

9. Name and Address of Current Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☒ DELETE
NAME DUNN, THOMAS A III
STREET ADDRESS 601 WEST 8TH ST
CITY-ST-ZIP LANSDALE PA

TITLE DP ☒ DELETE
NAME MASHNER, MARVIN
STREET ADDRESS 375 MORRIS ROAD
CITY-ST-ZIP WEST POINT PA

TITLE D ☒ DELETE
NAME GUNN, GEORGE R JR
STREET ADDRESS 375 MORRIS RD
CITY-ST-ZIP WEST POINT PA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE CD ☐ Change ☒ Addition
1.2 NAME HEAPS, MARVIN D
1.3 STREET ADDRESS 301 ELM AVENUE
1.4 CITY-ST-ZIP SWARTHMORE, PA 19081

2.1 TITLE D, P, COO ☒ Change ☐ Addition
2.2 NAME MARVIN MASHNER
2.3 STREET ADDRESS 375 MORRIS ROAD
2.4 CITY-ST-ZIP WEST POINT, PA

3.1 TITLE VC, D, CEO ☒ Change ☐ Addition
3.2 NAME GUNN, GEORGE R. JR
3.3 STREET ADDRESS 375 MORRIS ROAD
3.4 CITY-ST-ZIP WEST POINT, PA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing 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.