

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 27 1997 8:00am
Secretary of State

DOCUMENT # F96000002783 (6)

1. Corporation Name

INTEGRATED LIVING COMMUNITIES AT CABOT POINTE, I
NC.

Principal Place of Business

10065 RED RUN BLVD.
OWINGS MILLS MD 21117

Mailing Address

10065 RED RUN BLVD.
OWINGS MILLS MD 21117-4827



3. Date Incorporated or Qualified

06/04/1996

3a. Date of Last Report

4. FEI Number

52-1978989

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

21 5325 26th Street West

Suite, Apt. #, etc.

22 City & State

23 Bradenton, FL

Zip Country

24 34207

25 USA

2a. Mailing Address

26 24850 Old 41 Road

Suite, Apt. #, etc.

27 Suite 10

City & State

28 Bonita Springs, FL

Zip Country

29 34135

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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

TITLE	DCEO	<input checked="" type="checkbox"/> DELETE
NAME	KOMP, EDWARD J	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY - ST - ZIP	OWINGS MILLS MD 21117	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	POOLE, JOHN	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY - ST - ZIP	OWINGS MILLS MD 21117	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, KAYDA	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY - ST - ZIP	OWINGS MILLS MD 21117	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	SHATTERLY, KYLE	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY - ST - ZIP	OWINGS MILLS MD 21117	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Lisa Merritt	
13 STREET ADDRESS	469 Carica Road	
14 CITY - ST - ZIP	Naples, FL 34108	
21 TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Kayda A. Johnson	
23 STREET ADDRESS	7460 Avenida DePalais	
24 CITY - ST - ZIP	Carlsbad, CA 92009	
31 TITLE	CFO T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	John B. Poole	
33 STREET ADDRESS	12190 Wellesely Court	
34 CITY - ST - ZIP	Fort Myers, FL 33913	
41 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Geralyn Kidera	
43 STREET ADDRESS	12733 Devonshire Lake Circle	
44 CITY - ST - ZIP	Fort Myers, FL 33913	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	SEE ATTACHED SHEET	
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 registered or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

John B. Poole

2/14/97 (941) 947-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0008903

CR2E034 (9/96)