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FILED

May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F96000004227 (2)

1. Corporation Name

ATRIA COMMUNITIES, INC.

Principal Place of Business

7251 GROVE ROAD  
BROOKSVILLE FL 34613

Mailing Address

7251 GROVE ROAD  
BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 501 So. Fourth Ave.

2a. Mailing Address

26 501 So. Fourth Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 140

27 Suite 140

City & State

City & State

23 Louisville, KY

28 Louisville, KY

Zip

Country

24 40202

25 USA

Zip

Country

29 40202

30 USA

3. Date Incorporated or Qualified

08/19/1996

4. FEI Number

61-1303738

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

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 CCO ☒ DELETE

NAME BELLANDE, RALPH H

STREET ADDRESS 615 W. MARKET ST.

CITY-ST-ZIP LOUISVILLE KY 40202

TITLE PD ☐ DELETE

NAME MULLOY, W P II

STREET ADDRESS 515 W. MARKET ST.

CITY-ST-ZIP LOUISVILLE KY 40202

TITLE VS ☐ DELETE

NAME WESLEY, J T

STREET ADDRESS 515 W. MARKET ST.

CITY-ST-ZIP LOUISVILLE KY 40202

TITLE DC ☐ DELETE

NAME LUNSFORD, W B

STREET ADDRESS 3300 PROVIDIAN CTR-400 W. MARKET ST.

CITY-ST-ZIP LOUISVILLE KY 40202

TITLE D ☐ DELETE

NAME BALLARD, WILLIAM C JR

STREET ADDRESS 3300 PROVIDIAN CTR-400 W. MARKET ST.

CITY-ST-ZIP LOUISVILLE KY 40202

TITLE D ☐ DELETE

NAME LADT, THOMAS T

STREET ADDRESS 3300 PROVIDIAN CTR-400 W. MARKET ST.

CITY-ST-ZIP LOUISVILLE KY 40202

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CCO ☐ Change ☒ Addition

1.2 NAME Andrew L. Schoepf

1.3 STREET ADDRESS 501 So. Fourth Ave. Suite 140

1.4 CITY-ST-ZIP Louisville, KY 40202

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 501 South Fourth Ave. Suite 140

2.4 CITY-ST-ZIP Louisville, KY 40202

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 501 South Fourth Ave. Suite 140

3.4 CITY-ST-ZIP Louisville, KY 40202

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

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

W. Patrick Mulloy, II, CEO

4/28/98

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