


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90041 017 *****70.00

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|---|--|---|---|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # F96000005431 | | | | | |
| 1. Corporation Name COMMUNITY SENIOR LIFE, INC. | | | | | |
| Principal Place of Business 25819 CANAL ROAD ORANGE BEACH FL 36561 US | | | Mailing Address 25819 CANAL RD ORANGE BEACH FL 36561 US | | |



| | | | | | |
|---|--|------------------------|--|-----------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 10/17/1996 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 63-1001785 | |
| 24 Country | | 29 Country | | 30 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For | |
| | | | | Not Applicable | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | | | \$5.00 May Be Added to Fees | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| HOFFMAN, CHARLES L ESQ SHELL FLEMING DAVIS & MENGE, P.A. 9TH FLOOR, SEVILLE TOWER PENSACOLA FL 32501 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | | | | | |
|----------------------------|-----------------------|---------------------------------|--|---|---|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WILLINGHAM, PATRICK | | | 1.2 NAME | | | |
| STREET ADDRESS | 25819 CANAL RD | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORANGE BEACH FL 36561 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WARREN, DOUG | | | 2.2 NAME | | | |
| STREET ADDRESS | 25819 CANAL RD | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORANGE BEACH FL 36561 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | S | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WINBORNE, ROYCE T | | | 3.2 NAME | | | |
| STREET ADDRESS | 25819 CANAL RD | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORANGE BEACH FL 36561 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | DC | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SHERER, MAURICE | | | 4.2 NAME | | | |
| STREET ADDRESS | 25819 CANAL RD | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORANGE BEACH FL 36561 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | VP | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SCARBROUGH, DANIEL | | | 5.2 NAME | | | |
| STREET ADDRESS | 25819 CANAL RD | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORANGE BEACH FL 36561 | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CARLSON, MIKE | | | 6.2 NAME | | | |
| STREET ADDRESS | 25819 CANAL RD | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORANGE BEACH FL 36561 | | | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROYCE T. WINBORNE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/18/99 334-981-0215

CR2E037 (11/98)