

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005431

FILED  
Feb 23, 2005  
Secretary of State

**Entity Name:** COMMUNITY SENIOR LIFE, INC.

**Current Principal Place of Business:**

25819 CANAL ROAD  
ORANGE BEACH, FL 36561 US

**New Principal Place of Business:**

**Current Mailing Address:**

25819 CANAL ROAD  
ORANGE BEACH, FL 36561 US

**New Mailing Address:**

**FEI Number:** 63-1001785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOFFMAN, CHARLES L ESQ  
SHELL FLEMING DAVIS & MENGE, P.A.  
9TH FLOOR, SEVILLE TOWER  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLINGHAM, PATRICK  
Address: 25819 CANAL RD  
City-St-Zip: ORANGE BEACH, FL 36561

Title: V ( ) Delete  
Name: WARREN, DOUG  
Address: 25819 CANAL RD  
City-St-Zip: ORANGE BEACH, FL 36561

Title: S ( ) Delete  
Name: WINBORNE, ROYCE T  
Address: 25819 CANAL RD  
City-St-Zip: ORANGE BEACH, FL 36561

Title: DC ( ) Delete  
Name: SHERER, MAURICE  
Address: 25819 CANAL RD  
City-St-Zip: ORANGE BEACH, FL 36561

Title: VP ( ) Delete  
Name: SCARBROUGH, DANIEL  
Address: 25819 CANAL RD  
City-St-Zip: ORANGE BEACH, FL 36561

Title: D ( ) Delete  
Name: CARLSON, MIKE  
Address: 25819 CANAL RD  
City-St-Zip: ORANGE BEACH, FL 36561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN E JOHNSON

CONT

02/23/2005

Electronic Signature of Signing Officer or Director

Date