2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# F96000005431

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 Chapter 119, 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 A/S 01/04/2007
Electronic Signature of Signing Officer or Director — Date