

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

FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000006155 (3)

1. Corporation Name

INTEGRATED LIVING COMMUNITIES OF BOYNTON BEACH,  
INC.



Principal Place of Business

24850 OLD 41 RD #10  
BONITA SPRINGS FL 34135

Mailing Address

24850 OLD 41 RD #10  
BONITA SPRINGS FL 34135-7087

3. Date Incorporated or Qualified

11/15/1996

3a. Date of Last Report

4. FEI Number

65-0717493

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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	D	<input type="checkbox"/> DELETE
NAME	ELKINS, ROBERT	
STREET ADDRESS	24850 OLD 41 RD #10	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KOMP, EDWARD J	
STREET ADDRESS	24850 OLD 41 RD #10	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	KOMP, EDWARD J	
STREET ADDRESS	24850 OLD 41 RD #10	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CIRKA, LAWRENCE P	
STREET ADDRESS	24850 OLD 41 RD #10	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARED, LUIS	
STREET ADDRESS	24850 OLD 41 RD #10	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAVERTY, CHARLES	
STREET ADDRESS	24850 OLD 41 RD #10	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lisa Merritt	
1.3 STREET ADDRESS	469 Carica Road	
1.4 CITY - ST - ZIP	Naples, FL 34108	
2.1 TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kayda A. Johnson	
2.3 STREET ADDRESS	7460 Avenida DePalais	
2.4 CITY - ST - ZIP	Carlsbad, CA 92009	
3.1 TITLE	CFO T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John B. Poole	
3.3 STREET ADDRESS	12190 Wellesely Court	
3.4 CITY - ST - ZIP	Fort Myers, FL 33913	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Geralyn Kidera	
4.3 STREET ADDRESS	12733 Devonshire Lake Circle	
4.4 CITY - ST - ZIP	Fort Myers, FL 33913	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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:

John B. Poole

2/14/97

(941) 947-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)