

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000005333

1. Entity Name
**CAPITAL SENIOR LIVING PROPERTIES 2-VERANDA
CLUB, INC.**



Principal Place of Business

**14160 DALLAS PARKWAY, SUITE 300
DALLAS, TX 75240**

Mailing Address

**14160 DALLAS PARKWAY, SUITE 300
DALLAS, TX 75240**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2782555

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000661173
03/20/07-80029-020 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHANNESSEN, KEITH N
STREET ADDRESS 14160 DALLAS PARKWAY, SUITE 300
CITY-ST-ZIP DALLAS, TX 75240

TITLE VSD
NAME BRICKMAN, DAVID R
STREET ADDRESS 14160 DALLAS PARKWAY, SUITE 300
CITY-ST-ZIP DALLAS, TX 75240

TITLE C
NAME HOLLISTER, ROBERT F
STREET ADDRESS 14160 DALLAS PARKWAY, SUITE 300
CITY-ST-ZIP DALLAS, TX 75240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David R Brickman

David R Brickman

1-25-07

972 770 5600