

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

FILED

00 NOV -8 AM 10:43

DOCUMENT # **J39304** (7)  
1. Corporation Name  
**SOUTHWOOD CONGREGATE LIVING, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1152 OLD HAMMOCK ROAD  
P O BOX 290850  
PORT ORANGE FL 32119-1016**

Mailing Address  
**1152 OLD HAMMOCK ROAD  
P O BOX 290850  
PORT ORANGE FL 32119-1016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/24/1986**

4. FEI Number

**59-2729159**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

26 **2400 S. RIDGEWOOD AVE**

City & State

27 **24**

Zip Country

28 **50. DAYTONA, FL.**

9. Name and Address of Current Registered Agent

**SHALET CHARLES  
505 DELTONA BLVD  
SUITE 104  
DELTONA FL 32725**

\* correct spelling:

10. Name and Address of New Registered Agent

81 Name **SHALETT, CHARLES**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**505 DELTONA BLVD.**  
83 **SUITE 103A**  
84 City **DELTONA** FL 85 Zip Code **32725**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
S				<input checked="" type="checkbox"/>
TD	SHALET, CHARLES	505 DELTONA BLVD	DELTONA-FL	<input type="checkbox"/>
PD	ADE, RONALD	202 PLUMOSA ROAD	DEBARY FL 32713	<input type="checkbox"/>
VPO	ADE, ELEANOR	202 PLUMOSA RD	DELARY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Add
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

**300003487453-4**  
**-12/05/00-01051-008**  
**\*\*\*\*550.00**

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, checked, or on an attachment with this filing.

SIGNATURE:

SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR