

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39304

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: SOUTHWOOD CONGREGATE LIVING, INC.

## Current Principal Place of Business:

1152 OLD HAMMOCK ROAD  
PORT ORANGE, FL 32119 US

## New Principal Place of Business:

202 PLUMOSA ROAD  
DEBARY, FL 32713 US

## Current Mailing Address:

202 PLUMOSA ROAD  
DEBARY, FL 32713

## New Mailing Address:

202 PLUMOSA ROAD  
DEBARY, FL 32713 US

FEI Number: 59-2729159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAGAN, JOHN  
8001 N DALE MABRY  
501-1  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

ADE, ELEANOR B  
202 PLUMOSA ROAD  
DEBARY, FL 32713 US

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: ELEANOR B. ADE

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: SHALETT, CHARLES  
Address: 505 DELTONA BLVD  
City-St-Zip: DELTONA, FL 32725

Title: PD (X) Delete  
Name: ADE, RONALD  
Address: 202 PLUMOSA ROAD  
City-St-Zip: DEBARY, FL 32713

Title: VPD (X) Delete  
Name: ADE, ELEANOR  
Address: 202 PLUMOSA RD  
City-St-Zip: DEBARY, FL 32713

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: ADE, ELEANOR  
Address: 202 PLUMOSA ROAD  
City-St-Zip: DEBARY, FL 32713 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR ADE

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date