

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 23 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M41559 (9)

1. Corporation Name

PREFERRED RETIREMENT COMMUNITIES, INC.

Principal Place of Business

8500 W. SUNRISE BLVD.
PLANTATION FL 33322

Mailing Address

1615 M. STREET, NW
SUITE 850
WASHINGTON DC 20036
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/13/1986

3a. Date of Last Report
03/08/1994

4. FEI Number

62-0000479-65-0003479

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$9.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAINGUY, ROBERT H.
8500 W. SUNRISE BLVD.
PLANTATION FL 33322

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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GOLDBERG, STEPHEN A.
STREET ADDRESS 1615 M ST NW #850
CITY- ST- ZIP WASHINGTON DC

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE ST
NAME KIRSCH, MARTIN J.
STREET ADDRESS 1615 M ST NW #850
CITY- ST- ZIP WASHINGTON DC

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE P
NAME PEAY, TERRY
STREET ADDRESS 1615 M ST NW #850
CITY- ST- ZIP WASHINGTON DC

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE V
NAME MAINGUY, ROBERT
STREET ADDRESS 8500 W. SUNRISE BLVD.
CITY- ST- ZIP PLANTATION FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE V
NAME MAINGUY, DAVID
STREET ADDRESS 8500 W. SUNRISE BLVD.
CITY- ST- ZIP PLANTATION FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 its 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 as indicated, or on an attachment with an address.

SIGNATURE: TERRY PEAY
Typed Name and Title of Signing Officer or Director

1/12/95

802-429-6900