

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000203

FILED
Jan 12, 2009
Secretary of State

Entity Name: RESIDENTS' ALLIANCE FOR A QUALITY LIFESTYLE, INC.

Current Principal Place of Business:

10509 BELLAVISTA DRIVE
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

10509 BELLAVISTA DRIVE
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 56-2426358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOSEPH E ESQ.
14241 METROPOLIS AVENUE
SUITE 100
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: GRIER, JANET
Address: 10751 RAVENNA WAY
City-St-Zip: FORT MYERS, FL 33913

Title: D () Delete
Name: RITTENBERG, RICHARD
Address: 10512 BELLA VISTA DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: DP () Delete
Name: BROKKE, CAROLE
Address: 10509 BELLA VISTA DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: DT () Delete
Name: GOLDFARB, JONI
Address: 10512 BELLLEGIO DR
City-St-Zip: FORT MYERS, FL 33913

Title: D () Delete
Name: HARGRAVE, RICHARD
Address: 10504 AVILA
City-St-Zip: FORT MYERS, FL 33913

Title: D () Delete
Name: SHAW, ROBERT
Address: 9382 AVIANA #202
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FISH, PAUL
Address: 10511 BELLA VISTA DRIVE
City-St-Zip: FORT MYERS, FL 33913

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 exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE BROKKE

DP

01/12/2009

Electronic Signature of Signing Officer or Director

Date