

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000203

FILED  
Jan 11, 2012  
Secretary of State

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

**Current Principal Place of Business:**

10509 BELLA VISTA DRIVE  
FORT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

10509 BELLA VISTA 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:**

BECKER & POLIAKOFF, P.A.  
12140 CARISSA COMMERCE COURT  
#200  
FORT MYERS, FL 33966 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  
Name: RITTENBERG, RICHARD  
Address: 10512 BELLA VISTA DRIVE  
City-St-Zip: FORT MYERS, FL 33913

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

Title: DVP  
Name: HARGRAVE, RICHARD  
Address: 10504 AVILA  
City-St-Zip: FORT MYERS, FL 33913

Title: DVP  
Name: PINSKY, STEPHEN  
Address: 9920 BELLAGIO COURT  
City-St-Zip: FORT MYERS, FL 33913

I hereby 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 all other like empowered.

SIGNATURE: CAROLE BROKKE

DP

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date