

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90108 008 ****61.25

DOCUMENT # N04000002878

1. Entity Name
INSTITUTE FOR SENIOR LIVING OF FLORIDA, INC.



Principal Place of Business
**360 CENTRAL AVENUE
SUITE 1550
ST. PETERSBURG, FL 33701 US**

Mailing Address
**100 SECOND AVENUE SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701 US**

50002593



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
46 100 Second Ave. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 901 South

03212008 Chg-NP CR2E037 (12/06)

City & State

City & State
St. Petersburg, FL

4. FEI Number
20-0904526 ✓

Applied For
Not Applicable

Zip

Country

Zip
33701

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPECTOR GADON AND ROSEN
360 CENTRAL AVENUE
SUITE 1550
ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GALLAHER, RHONDA**
STREET ADDRESS **109 ANTES LANE**
CITY-ST-ZIP **GRAMPIAN, PA 16838**

TITLE **D** ☐ Delete
NAME **MADONNA, HARRY DILLON**
STREET ADDRESS **360 CENTRAL AVENUE, SUITE 1550**
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE **D** ☐ Delete
NAME **VAITKUS, ELENA**
STREET ADDRESS **2451 E. VINA DEL MAR BLVD.**
CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HARRY DILLON MADONNA **4/2/08**