2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N05000002284

Entity Name: ADULT COMMUNITY SERVICES,INC

Current Principal Place of Business:

4760 8TH AVENUE SOUTH
ST. PETERSBURG, FL 33711 US

New Principal Place of Business:

Current Mailing Address:

4760 8TH AVENUE SOUTH
ST. PETERSBURG, FL 33711 US

New Mailing Address:

FEI Number: 01-0830529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANUKONDA, ESMERALDA
4760 8TH AVENUE SOUTH
ST. PETERSBURG, FL 33711 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: P ( ) Delete
Name: MANUKONDA, ESMERALDA
Address: 4760 8TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: DIR ( ) Delete
Name: MANUKONDA, JESSON
Address: 43-07 39 PLACE APT 6E
City-St-Zip: SUNNYSIDE, NY 11104 US

Title: DIR ( ) Delete
Name: MEDIDI, PADMAJA
Address: 6030 CATLIN DR.
City-St-Zip: TAMPA, FL 33647 US

Title: DIR ( ) Delete
Name: JILLAPALLI, NEERAJA
Address: 214 RIDGECREST RD.
City-St-Zip: DEWITT, NY 13214

Title: VP ( ) Delete
Name: MANUKONDA, JOHN
Address: 4760 8TH. AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

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

Title: VP (X) Change ( ) Addition
Name: MANUKONDA, JOHN
Address: 4760 8TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

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: ESMERALDA MANUKONDA P 03/30/2009

Electronic Signature of Signing Officer or Director — Date