

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90048 032 \*\*\*\*70.00

**DOCUMENT # N05000004760**

1. Entity Name  
**SENIOR LIFESTYLES INTELLIGENT TALK RADIO, INC.**



Principal Place of Business  
**1597 JEAGA DR  
 JUPITER, FL 33458-8726**

Mailing Address  
**1597 JEAGA DR  
 JUPITER, FL 33458-8726**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**20-2823943**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAUFFMAN, RONALD S  
 1597 JEAGA DR  
 JUPITER, FL 33458-8726**

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PCEO  Delete  
 NAME KAUFFMAN, RONALD S  
 STREET ADDRESS 1597 JEAGA DR  
 CITY-ST-ZIP JUPITER, FL 334588726

TITLE **D**  Change  Addition  
 NAME **VATTIATO PAUL**  
 STREET ADDRESS **8541 Golden Cypress Ct.**  
 CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE V/D  Delete  
 NAME MERRITT, JANE  
 STREET ADDRESS 10094 W. INDIANTOWN RD  
 CITY-ST-ZIP JUPITER, FL 33478

TITLE **C**  Change  Addition  
 NAME **Todd Zellen**  
 STREET ADDRESS **955 NW 17th Ave. Bldg. C**  
 CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE S/T  Delete  
 NAME WINZELL, NANETTE  
 STREET ADDRESS 5725 CORPORATE WAY., STE. 101  
 CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME ESTREMERA-FITZGERALD, JAIME  
 STREET ADDRESS 1764 N. CONGRESS AVE., STE. 201  
 CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ~~D~~  Delete  
 NAME ~~PAFFORD, MARK~~ **PAFFORD, MARK**  
 STREET ADDRESS 4700 N. CONGRESS AVE., STE. 101  
 CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE **D**  Change  Addition  
 NAME **PAFFORD, MARK**  
 STREET ADDRESS **4700 N. Congress Ave. Ste. 101**  
 CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE D  Delete  
 NAME PONCY, MARNIE  
 STREET ADDRESS 423 FERN ST., 2ND FLOOR  
 CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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

*Ronald S. Kauffman*  
**Ronald S. Kauffman**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07

561-626-4481  
 Date Daytime Phone #