

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010026

FILED
Apr 23, 2009
Secretary of State

Entity Name: FOUNDATION FOR SUCCESSFUL AGING, INCORPORATED.

Current Principal Place of Business:

3001 TAMIAMI TRAIL NORTH, SUITE 300
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

3001 TAMIAMI TRAIL NORTH, SUITE 300
NAPLES, FL 34103

New Mailing Address:

FEI Number: 26-3631295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLASP, INC.
3001 TAMIAMI TRAIL NORTH, SUITE 300
NAPLES, FL 34103 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: D () Delete
Name: CRAIG, JAMES W
Address: 120 MOORINGS PARK DRIVE
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: KOREST, ALAN R
Address: 120 MOORINGS PARK DRIVE
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: SWEENEY, DAVID J
Address: 120 MOORINGS PARK DRIVE
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: WEIR, MICHAEL
Address: 120 MOORINGS PARK DRIVE
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: GOSCH, GUENTHER
Address: 120 MOORINGS PARK DRIVE
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: BARTON, PATRICIA M
Address: 120 MOORINGS PARK DRIVE
City-St-Zip: NAPLES, FL 34105

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: () 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: GUENTHER GOSCH

Electronic Signature of Signing Officer or Director

PCEO

04/23/2009

_____ Date