

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34875 (7)

1. Corporation Name

SEMINOLE COUNTY BETTER LIVING FOR SENIORS, INC.



Principal Place of Business

Mailing Address

636 FLORIDA CENTRAL PARKWAY
LONGWOOD FL 32750

636 FLORIDA CENTRAL PARKWAY
LONGWOOD FL 32750

3. Date Incorporated or Qualified
10/24/1989

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 1097 Sand Pond Road

26 1097 Sand Pond Road

4. FEI Number
59-2977907

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Lake Mary, Fl.

28 Lake Mary, Fl.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32746

25 Seminole

29 32746

30 Seminole

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWEN, ROGER D
% GREENE, DYCUS & CO., P.A.
205 N ELM AVE
SANFORD FL 32771

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
BERGNER, DR. JOHN
WILLA OAKS 1016 LINGO CIRCLE
OVIEDO FL ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
DV
GAUTHIER, STEVE
1000 HOLT AVE. #2722
WINTER PARK, FL. 32789 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
POIGNANT, ROBERT E.
400 RINEHART RD.
LAKE MARY FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
DP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
LEWIS, RICHARD
124 E. CUMBERLAND CIRCLE
LONGWOOD FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
300 E. CHURCH STREET
ORLANDO, FL. 32801 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
OVERBY, BRIAN
1145 ST. ROAD 434 WEST
LONGWOOD FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
KELLY, ANNETTE
1520 EAST BOULEVARD
MAITLAND FL ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
DS
THOMPSON, NANCY
919 OLD WINTER HAVEN ROAD
AUBURNDALE, FL. 33823 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard E Lewis

3/28/96

Date

Daytime Phone #

CR2E037 (12/95)