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NONPROFIT CORPORATION ANNUAL REPORT

1998



Sandra Bi Morthash

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FILED Apr 10 1998 8:00am Secretary of State

SENIO!	R LIVING (CENTERS, INC.									
Principal Place	e of Business		Mai	iling Address				i ikārriāt 800 tibar gritt rosbi dis		. 61811 81811 61	### B1011 #BB1
4600-54TH AVE 8T. PETERSBUI US				P.O. BOX 12560 St. Petersburg Fl 33733-2560 US				 Date Incorporated or Qualified 10/26/1989 FEI Number 59-2961763 	d		pplied For
2. Principal Place of Business 21			2a. 26	2a. Mailing Address 26				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
Suite, Apt. #, etc.			27					Election Campaign Financing Trust Fund Contribution		\$5.00 I Added to	
City & State			—	City & State			}	7. Is this nonprofit corporation a homeowners association?			
Zip	 -	Country		Zip	Co	untry		8. This corporation owes or has			angible
24	2	:5	29		30			Personal Property Tax due Ju	ne 30. 🗀	Yes [No
	9. Name s	ind Address of Curr	rent Regist	ered Agent				10. Name and Address of New	Registered A	gent	
						81 Name	I.	WEBSITER	HUL		
	OST, PETER					82 Street	Addres	s (P.O. Box Numpper is Not Accept	table)		
	TH AVENUE					83	<u>00</u>	-5415 MVE.	<u> </u>		
Si. Peii	ERSBURG F	L 33/11				03					
						84 COT	P_{E}	TERS BURG	FL	85 Zig (^G SCO 1/
11. Pursuant	to the provision	ons of Spctions 617.0	502 and 61	7.1508, Florida State	utes, the a	bove-named	corpor	ation submits this statement for the		مبد ا changing it	s registered
office or r	registered age	int, or both, in the Sta n. and accept the lobi	ate of Florida libertons of	a. Such change was Section 617,0503, f	authorize Iorida Sta	ed by the corp tutes.	poration	ation submits this statement for the n's board of directors. I hereby acc	cept the appo	ointment as	registered
SIGNATURE	٦. ٨	853 L- H-	7-}						3/18/9	78	
I SIGNATURE.	Signature broad or								· / · / ·		
	Olginatura, typou u	r printed rhims of registered s				d Agent signature	e required		, DATE		
12.		or printed nime of registered in OFFICERS A		TORS	13.		e required	ADDITIONS/CHANGES TO OF			
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I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 outh; 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 attach rept with an address.