FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N36776** **(5)**

1. Corporation Name

FLORIDA ADULT CONGREGATE LIVING FACILITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1695 N.E. 214TH TERRACE MIAMI FL 33179	1695 N.E. 214TH TERRACE MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1990
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0207050 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GOLDMAN, DAVID E., ESQ.
2630 NE 203RD STREET
SUITE 103
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, PAUL	12 NAME		
STREET ADDRESS	1695 NE 214TH TERRACE	13 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	COHEN, ROSEANN	22 NAME	ARLENE GOLDMAN	
STREET ADDRESS	21232 HARBOR WAY #263	23 STREET ADDRESS	1695 NE 214 TERRACE	
CITY-ST-ZIP	N MIAMI BEACH FL	24 CITY-ST-ZIP	N MIAMI BCH, FL	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	COHEN, GARY	32 NAME		
STREET ADDRESS	21232 HARBOR WAY #263 DELETE	33 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	D	☐ Change ☑ Addition
NAME		42 NAME	JOY GOLDMAN	
STREET ADDRESS		43 STREET ADDRESS	1695 NE 214 TER.	
CITY-ST-ZIP		44 CITY-ST-ZIP	N. MIAMI BCH, FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 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: PAUL GOLDMAN 4/17/95 305-628-2803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044780