

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 # N36776 (5)

1. Corporation Name

FLORIDA ADULT CONGREGATE LIVING FACILITY ASSOCIATION, INC.

Principal Place of Business

1895 N.E. 214TH TERRACE
MIAMI FL 33179

Mailing Address

1895 N.E. 214TH TERRACE
MIAMI FL 33179



3. Date Incorporated or Qualified
02/23/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3146 John P. Curcie Dr 26 P.O. BOX 630099

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bay 1

27

City & State

City & State

23 Pembroke Park, Fl.

28 Ojus, Fl.

Zip Country

Zip Country

24 33009

25

29 33163-0099

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

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

81 Name

Paul Goldman

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

3146 John P. Curcie Dr.

83

Bay 1

84 City

Pembroke Park

FL

85 Zip Code
33009

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 not applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GOLDMAN, PAUL
STREET ADDRESS 1895 NE 214TH TERRACE
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ DELETE

NAME GOLDMAN, ARLENE
STREET ADDRESS 1895 NE 214 TERR
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ DELETE

NAME GOLDMAN, JOY
STREET ADDRESS 1895 NE 214 TERR
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 3146 John P Curcie Dr.
14 CITY-ST-ZIP Pembroke Park Fl. 33009

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS 3146 John P. Curcie Dr.
24 CITY-ST-ZIP Pembroke Park Fl. 33009

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS 3146 John P. Curcie Dr.
34 CITY-ST-ZIP Pembroke Park, Fl. 33009

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Goldman 4/24/96 954/989-9765

Date

Daytime Phone #

CR2E037 (12/95)