

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004002

FILED
Mar 28, 2005
Secretary of State

Entity Name: FLORIDA ASSISTED LIVING ASSOCIATION, INC.

Current Principal Place of Business:

307 W PARK AVENUE
SUITE 214
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

1922 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 US

Current Mailing Address:

P.O. BOX 7
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3134774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, PAUL J
307 W PARK AVENUE
SUITE 214
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

LANGE, PATRICIA
1922 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 US

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: PATRICIA LANGE

03/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHRUNK, STEVEN
Address: 941 VILLAGE TRAIL
City-St-Zip: PORT ORANGE, FL 32127

Title: VD () Delete
Name: TAYLOR, ED
Address: 3221 FRUITVILLE RD
City-St-Zip: SARASOTA, FL 34237

Title: TD () Delete
Name: KEES, REBECCA
Address: 859 LUMSDEN ROAD
City-St-Zip: BRANDON, FL 33511

Title: SD () Delete
Name: ROBARE, BRIAN
Address: 1001 CARPENTER'S WAY
City-St-Zip: LAKE LAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ROBARE, BRIAN
Address: 1001 CARPENTER'S WAY
City-St-Zip: LAKE LAND, FL 33809

Title: SD (X) Change () Addition
Name: GLAVICH, JAMIE
Address: 9664 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN SCHRUNK

PD

03/28/2005

Electronic Signature of Signing Officer or Director

Date