

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004002

FILED
Apr 09, 2007
Secretary of State

Entity Name: FLORIDA ASSISTED LIVING ASSOCIATION, INC.

Current Principal Place of Business:

1922 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7
TALLAHASSEE, FL 32302

New Mailing Address:

1922 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

FEI Number: 59-3134774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGE, PATRICIA
1922 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: T () Delete
Name: GLAVICH, JAMIE
Address: 9664 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: S () Delete
Name: GLUCKSMAN, JOE
Address: 534 DATURA STREET
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: GLUCKSMAN, JOE
Address: 534 DATURA STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S (X) Change () Addition
Name: CUTSURI ES, PAM
Address: 3903 LAKE ST. GEORGE DRIVE
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PATRICIA LANGE

ED

04/09/2007

Electronic Signature of Signing Officer or Director

Date