FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

ASPEN OF AMERICA), INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State _ . . DIVISION OF CORPORATIONS

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our check or form

Sep 16 1998 8:00am

Secretary of State

Principal Place of Business		Mailing Address				
7412 STONEHURST RD S JACKSONVILLE FL 32277-3755		7412 STONEHURST RD S JACKSONVILLE FL 32277-3755				3. Date Incorporated or Qualified 07/30/1997 4. FEI Number Applied For
2. Principal	Place of Business	2a. Mailing Address				59-3471133 Applied For Not Applicable
21		26			1	5. Certificate of Status Desired S8.75 Additional
Suite, Apt. #, etc.			Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		27	27			Trust Fund Contribution
City & State		City & Stat	City & State			7. Is this nonprofit corporation a homeowners association?
Zip	Country Zip Co		intry		8. This corporation owes or has paid the current year Intangible	
24	[25]	29	30	T		Personal Property Tax due June 30. Yes Mo
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
				81	Name	
DELEGAL, T.A. III 220 E FORSYTH ST			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32202			83			
				84	City	FL 85 Zip Code
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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **つ** DELETE *resident* 300002642 Change Addition TITLE 1.1 TITLE SILVER, RHONA 1.2 NAME NAME 7412 STONEHURST RD S STREET ADDRESS 1.3 STREET ADDRESS ***61.25 JACKSONVILLE FL 32277-3755 1.4 CITY-ST-ZIP CITY-ST-ZIP EXECUTIVE VICE - Presid. DI Change ☐ DELETE Addition TITLE 2.1 TITLE BLAIR, BARBARA 2.2 NAME NAME 817 S 2ND ST 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32250 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE esident Addition Change TITLE 3.1 TITLE RACICOT, TERRI NAME 3.2 NAME 2110 BAY 110 STREET ADDRESS 3.3 STREET ADDRESS NEPTUNE BEACH FL 32266 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE #1 TITLE Acklitio NAME 4. 2 NAME . Center 54. STREET ADDRESS 4.3 STREET ADDRESS 11623 06040 4.4 CITY-ST-ZIP CITY-ST-ZIP **X** Addition Change TITLE 5.1 TITLE Joan Scott NAME 5.2 NAME Lakeshore 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition TITLE 6.1 TITLE Hy Rivkin W. 90 - St. Ast. 5-A NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST- ZIP CITY - ST - ZIP

14. Thereby 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 oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address. Chapter 617, Florida Statutes; and that my name appears in