

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # N97000006321

1. Entity Name
COMMUNITY AFFORDABLE SUPPORTED LIVING, INC.



Principal Place of Business
**5089 KESTRAL PARKWAY SOUTH
SARASOTA, FL 34231**

Mailing Address
**PO BOX 32103
SARASOTA, FL 34239**



01102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0796626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RICHARDS, CHARLES E
5089 KESTRAL PARKWAY SOUTH
SARASOTA, FL 34231**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(None - Registered Agent signature required when reinstating)

1/29/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RICHARDS, CHARLES E
STREET ADDRESS	5089 KESTRAL PARKWAY SOUTH
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VPD
NAME	DEBOER, JAN
STREET ADDRESS	613 FOUR BAYS DRIVE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	STD
NAME	JOHNSON, ROBERT M
STREET ADDRESS	27 SOUTH ORANGE AVENUE
CITY-ST-ZIP	SARASOTA, FL 34246
TITLE	VPD
NAME	STONER, REBECCA U
STREET ADDRESS	1858 RINGLING BLVD.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/07-80036-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 *941-350-8300*
Date Daytime Phone #