2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

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Entity Name: COMMUNITY ASSISTED AND SUPPORTED LIVING, INC.

Current Principal Place of Business:

1401 16TH ST
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1401 16TH ST
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0869993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLER, J SCOTT
671 MECCA DRIVE
SARASOTA, FL 34234 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: PCEO
Name: ELLER, J S
Address: 671 MECCA DRIVE
City-St-Zip: SARASOTA, FL 34234

Title: VBOD
Name: ARMSTRONG, STEVE
Address: P.O. BOX 19114
City-St-Zip: SARASOTA, FL 34276

Title: CHRM
Name: RICHARDS, CHARLES
Address: 5089 KESTRAL PARKWAY
City-St-Zip: SARASOTA, FL 34231

Title: SEC
Name: KREISMAN, DIANE
Address: 2232 BAHIA VISTA STREET UNIT A-6
City-St-Zip: SARASOTA, FL 34233

Title: VBOD
Name: STONER, REBECCA U
Address: 1990 MAIN STREET, SUITE 801
City-St-Zip: SARASOTA, FL 34232

Title: BOD
Name: ULRICH, RICHARD A
Address: 2940 SOUTH TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

I hereby 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 all other like empowered.

SIGNATURE: J. SCOTT ELLER PCEO 04/25/2012

Electronic Signature of Signing Officer or Director Date