

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000017561

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** THE ENCHANTMENT HOUSE ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

8945 ENCHANTMENT DRIVE  
LARGO, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

8945 ENCHANTMENT DRIVE  
LARGO, FL 33773

**New Mailing Address:**

**FEI Number:** 27-5103128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILDER, DEBORA J  
3000 GULF TO BAY BLVD  
221  
CLEARWATER, FL 33759 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: PRES  
Name: MAZZARESE, INES  
Address: 9004 FAIRWEATHER DRIVE  
City-St-Zip: LARGO, FL 33773

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: INES MAZZARESE

PRES

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date