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Mar 01, 1999 8:00 am  
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03-01-1999 90148 020 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000008707

1. Corporation Name

~~AMORE ASSISTED LIVING, INC.~~  
~~BROAD MOOR ALZHEIMERS & MEMORY IMPAIRMENT~~  
~~CENTER OF ST. LUCIE COUNTY, INC.~~

Principal Place of Business

4237 RIGEL'S COVE WAY  
JENSEN BEACH FL 34957  
US

Mailing Address

4237 RIGEL'S COVE WAY  
JENSEN BEACH FL 34957  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1997

4. FEI Number

65-0767409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 200 DIXIELAND DR.

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Ft. Pierce, FL

Zip

24 34982

Country

25 USA

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

~~HOFFER, SONIA E~~ DANIEL J.  
~~16 PERRIWINKLE LANE~~  
~~APARTMENT 4~~  
~~STUART FL 34996~~

10. Name and Address of New Registered Agent

81 Name DANIEL J. LUNDSTROM  
82 Street Address (P.O. Box Number is Not Acceptable)  
4237 RIGEL'S COVE WAY  
83  
84 City JENSEN BEACH FL 85 Zip Code 34957

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Daniel J. Lundstrom*  
Signature, typed or printed name of registered agent and title if applicable.

DANIEL J. LUNDSTROM

1/7/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS HOFFER, SONIA E  
CITY-ST-ZIP 16 PERRIWINKLE LANE  
STUART FL 34996

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS HOFFER, PHILLIP A  
CITY-ST-ZIP 16 PERRIWINKLE LANE  
STUART FL 34996

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D. ☒ Change ☐ Addition  
1.2 NAME DANIEL J. LUNDSTROM  
1.3 STREET ADDRESS 4237 RIGEL'S COVE WAY  
1.4 CITY-ST-ZIP JENSEN BEACH, FL 34957

2.1 TITLE VP/T/S/D ☒ Change ☐ Addition  
2.2 NAME CHRISTOPHER M. LUNDSTROM  
2.3 STREET ADDRESS 9803 S. OCEAN DR  
2.4 CITY-ST-ZIP JENSEN BEACH, FL 34957

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME KATHRYN M. LUNDSTROM  
3.3 STREET ADDRESS 4237 RIGEL'S COVE WAY  
3.4 CITY-ST-ZIP JENSEN BEACH, FL 34957

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby 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 Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Daniel J. Lundstrom* DANIEL J. LUNDSTROM 1/7/99 521 229 7977  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)