

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000019348**

1. Entity Name  
**ACTIVE SENIOR LIVING RESIDENCE, INC.**



Principal Place of Business  
**9057 NW 57TH STREET  
TAMARAC, FL 33351**

Mailing Address  
**9057 NW 57TH STREET  
TAMARAC, FL 33351**



01182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0834058**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TOKARZ-BESU, BETH  
14450 STIRLING RD  
FT LAUDERDALE, FL 33330**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000607680  
01/31/07-80047-015 158.75

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TOKARZ, JANINA  
14450 STIRLING RD  
FT LAUDERDALE, FL 33330**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TOKARZ, BOLESZAW  
14450 STIRLING RD  
FT LAUDERDALE, FL 33330**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BESU, BETH T  
14450 STIRLING RD  
FT LAUDERDALE, FL 33330**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 607, 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:

*Beth Tokarz Besu*

*Beth Tokarz Besu 1-26-07*

*954 4993104*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #