FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V18151** **(3)**

1. Corporation Name

ENGLEWOOD RETIREMENT CENTER, INC.

Principal Place of Business

925 SOUTH RIVER ROAD
ENGLEWOOD FL 43223-1828

Mailing Address

925 SOUTH RIVER ROAD
ENGLEWOOD FL 43223-1828

3. Date Incorporated or Qualified: **03/03/1992**

3a. Date of Last Report: **04/03/1995**

4. FEI Number: **65-0320067** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 ENGLEWOOD RETIREMENT CTR
Suite, Apt. #, etc.
22 925 S RIVER RD.
City & State
23 ENGLEWOOD, FL
Zip / Country
24 34223 25 SARASOTA

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 30

9. Name and Address of Current Registered Agent

VOEGELE, WAYNE
2501 NORTH ORANGE AVENUE
-SUITE 435 NORTH
-ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	LANG, JEROME	
STREET ADDRESS	5600 SO 48 STR	
CITY-ST-ZIP	LINCOLN NE	
TITLE	V	☐ DELETE
NAME	STANFORD, THOMAS	
STREET ADDRESS	580 MANOR RD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	V	☐ DELETE
NAME	CARLSON, RONALD	
STREET ADDRESS	720 SO EAST	
CITY-ST-ZIP	JAMESTOWN ND	
TITLE	ST	☐ DELETE
NAME	VOEGELE, WAYNE	
STREET ADDRESS	1044 QUINWOOD LN	
CITY-ST-ZIP	MAITLAND FL	
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		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE Wayne Voegele 3/26/96 941-474-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3-82-7141