

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90422 005 \*\*\*\*61.25

**DOCUMENT # N96000004160**

1. Entity Name  
**HEARTHSTONE SENIOR COMMUNITIES, INC.**



Principal Place of Business  
**100 SECOND AVENUE SOUTH  
SUITE 901S  
ST. PETERSBURG, FL 33701**

Mailing Address  
**100 SECOND AVENUE SOUTH  
SUITE 901S  
ST. PETERSBURG, FL 33701**



02122004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-2856813**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**SPECTOR GADON & ROSEN, PA  
360 CENTRAL AVENUE  
SUITE 1550  
ST. PETERSBURG, FL 33701**

**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 \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CP  
TSCHOP, CAROL A.  
141 HARVEST LANE  
CHAMBERSBURG, PA 17201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WARSHAWER, ELIZABETH  
2114 DELANCEY PLACE  
PHILADELPHIA, PA 19103**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CORMAN, JOHN P  
41 PARKRIDGE DRIVE  
BRYN MAWR, PA 19010**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JABRO, ANN D  
109 COLONIAL DRIVE  
SEWICKLEY, PA 15143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HALL, JA. LYLE W  
108 EGANFUSKEE STREET  
JUPITER, FL 33477**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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 617, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GAROL TSCHOP**

**4/16/04**

Date

**717-263-3249**

Daytime Phone #