## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000004160

FILED Apr 27, 2007 Secretary of State

Entity Name: HEARTHSTONE SENIOR COMMUNITIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701 **New Mailing Address: Current Mailing Address:** 100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701 FEI Number: 23-2856813 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPECTOR GADON & ROSEN, PA 360 CENTRAL AVENUE **SUITE 1550** ST. PETERSBURG, FL 33701 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TSCHOP, WILLIAM Name: Name: 28 DORCHESTER DR Address: Address: City-St-Zip: WYOMISSING, PA 19608 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WARSHAWER, ELIZABETH Name: WIDERKEHR, MELISSA Name: Address: 2114 DELANCEY PLACE Address: 16220 S. FREDERICK AVE., STE. 312 City-St-Zip: PHILADELPHIA, PA 19103 City-St-Zip: GAITHERSBURG, MD 20877 US Title: () Delete Title: (X) Change ( ) Addition CORMAN, JOHN P SEAL, JOHN Name: Name: 41 PARKRIDGE DRIVE 1001 EAST INDIANTOWN RD. Address: Address: City-St-Zip: BRYN MAWR, PA 19010 City-St-Zip: JUPITER, FL 33477 US Title: (X) Delete Title: () Change () Addition Name: JABRO, ANN D Name: 109 COLONIAL DRIVE Address: Address: City-St-Zip: SEWICKLEY, PA 15143 City-St-Zip: Title: (X) Delete Title: () Change () Addition HALL, JA. LYLE W Name: Name: 108 EGANFUSKEE STREET Address: Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM TSCHOP CP 04/27/2007