

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709878

Entity Name: CAMPUS TOWERS SENIOR LIVING, INC.**Current Principal Place of Business:**101 E. UNION STREET
SUITE 301
JACKSONVILLE, FL 32202**Current Mailing Address:**101 E. UNION STREET
SUITE 301
JACKSONVILLE, FL 32202 US**FEI Number:** 59-1258866**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EZELL LAW FIRM, P.A.
C/O BRENDA EZELL
3560 CARDINAL POINT DR., SUITE 202
JACKSONVILLE, FL 32257 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**Officer/Director Detail :**

Title	DIRECTOR
Name	RUTLAND, AL
Address	101 E. UNION STREET SUITE 301
City-State-Zip:	JACKSONVILLE FL 32202

Title	VP, DIRECTOR
Name	PRIER, PAMELA
Address	101 E. UNION STREET SUITE 301
City-State-Zip:	JACKSONVILLE FL 32202

Title	SECRETARY, TREASURER, DIRECTOR
Name	GIBBS, CRAIG
Address	101 E. UNION STREET SUITE 301
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	MOORE, JOHNNETTA
Address	101 E. UNION STREET SUITE 301
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	SCOTT, KIM
Address	101 E. UNION STREET SUITE 301
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	GANJU, PUNIMA
Address	101 E. UNION STREET SUITE 301
City-State-Zip:	JACKSONVILLE FL 32202

Title	PRESIDENT
Name	ZANDERS II, MARVIN C.
Address	101 E. UNION STREET SUITE 301
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	WILKERSON, JR., CLARENCE
Address	101 E. UNION STREET SUITE 301
City-State-Zip:	JACKSONVILLE FL 32202

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I hereby 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 all other like empowered.

SIGNATURE: PAMELA PRIER

VP

05/15/2025

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GREEN, VALERIE
Address	101 E. UNION STREET SUITE 301
City-State-Zip:	JACKSONVILLE FL 32202