

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725714

Entity Name: COMMUNITY AGING AND RETIREMENT SERVICES, INC.**Current Principal Place of Business:**12417 CLOCK TOWER PARKWAY
HUDSON, FL 34667**Current Mailing Address:**12417 CLOCK TOWER PARKWAY
HUDSON, FL 34667 US**FEI Number:** 23-7348090**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SOBEL, CHARLES LAWRENCE
12417 CLOCK TOWER PARKWAY
HUDSON, FL 34667 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:** CHARLES L. SOBEL

03/07/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HAAS, R. TERRY
Address 362 TALL OAK TRAIL
City-State-Zip: TARPON SPRINGS FL 34688

Title DIRECTOR
Name JOHNSON, THEA
Address 3232 BLUFF BLVD.
City-State-Zip: HOLIDAY FL 34691

Title DIRECTOR
Name GAY, GREGORY G
Address 5318 BALSAM ST.
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name TAFARA, BERNICE
Address 5030 SAND CASTLE DRIVE
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY
Name FINNERAN, MARY ANN
Address 11300 SR 54
STE. 100
City-State-Zip: TRINITY FL 34655

Title VC
Name BELL, REBECCA C
Address 7920 U S 19
City-State-Zip: NEW PORT RICHEY FL 34668

Title DIRECTOR
Name MASSENGILL, LEIGH
Address 9330 S R 54
City-State-Zip: TRINITY FL 34655

Title DIRECTOR
Name MICK, JAMIE
Address 13232 OLD FLORIDA CIRCLE
City-State-Zip: HUDSON FL 34669

Continues on page 2

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: PHYLLIS BROSS

CHAIRMAN

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name THOMAS, DELORES
Address 5311 GRAND BLVD.
City-State-Zip: NEW PORT RICHEY FL 34652

Title CHAIRMAN
Name BROSS, PHYLLIS E ESQ.
Address 22475 SOUTHSORE DR.
City-State-Zip: LAND O LAKES FL 34639

Title DIRECTOR
Name WILLIAMS, EUGENE
Address 5652 PINE ST.
City-State-Zip: NEW PORT RICHEY FL 34652

Title TREASURER
Name CLARK, MICHAEL
Address 16515 SAND HILL CRANE DR.
City-State-Zip: SPRING HILL FL 34610

Title DIRECTOR
Name DAMEY, ANNETTE
Address 3414 LEAF LAKE DRIVE
City-State-Zip: LAND O' LAKES FL 34639