

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007606

**FILED**  
**Feb 22, 2018**  
**Secretary of State**  
**CC3945680235**

**Entity Name:** EDEN PARK ASSISTED LIVING INC.

**Current Principal Place of Business:**

157 WESTER AVE.  
AVON PARK, FL 33825

**Current Mailing Address:**

157 WESTER AVE.  
AVON PARK, FL 33825

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 PD  
Name ANDERSON, CANDICE  
Address 157 WESTER AVE.  
City-State-Zip: AVON PARK FL 33825

Title VD  
Name ANDERSON, JAMES P  
Address 157 WESTER AVE.  
City-State-Zip: AVON PARK FL 33825

Title SD  
Name ANDERSON, SHERRI  
Address 157 WESTER AVE.  
City-State-Zip: AVON PARK FL 33825

Title TD  
Name MCGUIRE, BRITTANY  
Address 157 WESTER AVE.  
City-State-Zip: AVON PARK FL 33825

*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:** SHERRI D ANDERSON

**SD**

**02/22/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date