

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005861

Entity Name: COMMUNITY ASSISTED AND SUPPORTED LIVING, INC.**Current Principal Place of Business:**2911 FRUITVILLE ROAD
SARASOTA, FL 34237**Current Mailing Address:**2911 FRUITVILLE ROAD
SARASOTA, FL 34237 US**FEI Number: 65-0869993****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ELLER, J SCOTT
2911 FRUITVILLE ROAD
SARASOTA, FL 34237 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	CEO	Title	TREASURER, DIRECTOR
Name	ELLER, JULIAN S	Name	ARMSTRONG, STEVE
Address	2911 FRUITVILLE ROAD	Address	2911 FRUITVILLE ROAD
City-State-Zip:	SARASOTA FL 34237	City-State-Zip:	SARASOTA FL 34237
Title	DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	KREISMAN, DIANE	Name	STONER, REBECCA U
Address	2911 FRUITVILLE ROAD	Address	2911 FRUITVILLE ROAD
City-State-Zip:	SARASOTA FL 34237	City-State-Zip:	SARASOTA FL 34237
Title	DIRECTOR	Title	VP, DIRECTOR
Name	ULRICH, RICHARD A	Name	HEDLEY, HAROLD
Address	2911 FRUITVILLE ROAD	Address	2911 FRUITVILLE ROAD
City-State-Zip:	SARASOTA FL 34237	City-State-Zip:	SARASOTA FL 34237
Title	SECRETARY, DIRECTOR	Title	DIRECTOR
Name	BILYEU, DANNY	Name	O'DELL, DALEEN
Address	2911 FRUITVILLE ROAD	Address	2911 FRUITVILLE ROAD
City-State-Zip:	SARASOTA FL 34237	City-State-Zip:	SARASOTA FL 34237

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: JULIAN SCOTT ELLER**CEO****02/04/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date