

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005861

Entity Name: COMMUNITY ASSISTED AND SUPPORTED LIVING, INC.**Current Principal Place of Business:**1401 16TH ST
SARASOTA, FL 34236**Current Mailing Address:**1401 16TH ST
SARASOTA, FL 34236**FEI Number: 65-0869993****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ELLER, J SCOTT
1401 16TH STREET
SARASOTA, FL 34236 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	PRESIDENT
Name	ELLER, JULIAN S
Address	671 MECCA DRIVE
City-State-Zip:	SARASOTA FL 34234

Title	TREASURER
Name	ARMSTRONG, STEVE
Address	P.O. BOX 19114
City-State-Zip:	SARASOTA FL 34276

Title	BOARD EMERITUS
Name	RICHARDS, CHARLES
Address	5089 KESTRAL PARKWAY
City-State-Zip:	SARASOTA FL 34231

Title	DIRECTOR
Name	KREISMAN, DIANE
Address	2232 BAHIA VISTA STREET UNIT A-6
City-State-Zip:	SARASOTA FL 34233

Title	PRESIDENT
Name	STONER, REBECCA U IV
Address	1990 MAIN STREET, SUITE 801
City-State-Zip:	SARASOTA FL 34236

Title	DIRECTOR
Name	ULRICH, RICHARD A
Address	2940 SOUTH TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34239

Title	VP
Name	HEDLEY, HOWARD
Address	1401 16TH ST
City-State-Zip:	SARASOTA FL 34236

Title	SECRETARY
Name	O'NEILL, JACK III
Address	1401 16TH ST
City-State-Zip:	SARASOTA FL 34236

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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: JULIAN S. ELLER**CEO/PRESIDENT****03/02/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title OTHER
Name VALLADARES, DOMINGO
Address 1348 SAN SOUCI DR
City-State-Zip: FT. MYERS FL 33901

Title OTHER
Name MARTIN, MICHAEL
Address 4508 SKYLINE BLVD
City-State-Zip: CAPE CORAL FL 33914

Title OTHER
Name BISHOP, CINDY
Address 1354 SAN SOUCI DR
City-State-Zip: FT. MYERS FL 33901

Title OTHER
Name PADGET, MARK
Address 302 DANLEY DR
City-State-Zip: FT. MYERS FL 33907