

2017 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	CEO
Name	ELLER, JULIAN S
Address	1401 16TH ST
City-State-Zip:	SARASOTA FL 34236

Title	TREASURER
Name	ARMSTRONG, STEVE
Address	1401 16TH ST
City-State-Zip:	SARASOTA FL 34236

Title	BOARD EMERITUS
Name	RICHARDS, CHARLES
Address	1401 16TH ST
City-State-Zip:	SARASOTA FL 34236

Title	DIRECTOR
Name	KREISMAN, DIANE
Address	1401 16TH ST
City-State-Zip:	SARASOTA FL 34236

Title	PRESIDENT
Name	STONER, REBECCA U
Address	1401 16TH ST
City-State-Zip:	SARASOTA FL 34236

Title	DIRECTOR
Name	ULRICH, RICHARD A
Address	1401 16TH ST
City-State-Zip:	SARASOTA FL 34236

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

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

03/07/2017

Electronic Signature of Signing Officer/Director Detail_____
Date