2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2014
Secretary of State
CC6044076703

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: No

Name and Address of Current Registered Agent:

ELLER, J SCOTT
671 MECCA DRIVE
SARASOTA, FL 34234 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	CHRM
Name	RICHARDS, CHARLES
Address	5089 KESTRAL PARKWAY
City-State-Zip:	SARASOTA FL 34231

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

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

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

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

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

Title	DIRECTOR
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 PRESIDENT 03/11/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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

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

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