

2018 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 839014

Entity Name: LIFESPACE COMMUNITIES, INC.

Current Principal Place of Business:

4201 CORPORATE DRIVE
WEST DES MOINES, IA 50266

Current Mailing Address:

4201 CORPORATE DRIVE
WEST DES MOINES, IA 50266 US

FEI Number: 42-1068850

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 SVP, CHIEF FINANCIAL OFFICER AND
TREASURER
Name SMITH, LARRY M
Address 4201 CORPORATE DRIVE
City-State-Zip: WEST DES MOINES IA 50266

Title SVP, GENERAL COUNSEL AND
SECRETARY
Name HIRSCH, JODI K
Address 4201 CORPORATE DRIVE
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR, PRESIDENT AND CEO
Name BENTLEY, MEREDITH S
Address 4201 CORPORATE DRIVE
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR
Name EPP, EDWIN LAVERNE J
Address 1109 WEST HILLS TERRACE
City-State-Zip: LAWRENCE KS 66044-2546

Title DIRECTOR
Name KEHM, ROBERT C
Address 12905 WALMAR
City-State-Zip: OVERLAND PARK KS 66209

Title DIRECTOR
Name BOURNE, DONALD W
Address 721 PALO ALTO COURT
City-State-Zip: PASO ROBLES CA 93446

Title DIRECTOR
Name SHIVES, PAULA J
Address 2011 VIA TUSCANY
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name DUTRA, ANA
Address 425 SUNSET RIDGE ROAD
City-State-Zip: NORTHFIELD IL 60093

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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: JODI HIRSCH

SECRETARY

07/02/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SPANGLER, PATRICK
Address 1785 BRIDGEWATER ROAD
City-State-Zip: GOLDEN VALLEY MN 55422

Title DIRECTOR
Name FIELDS, VENITA
Address 9236 AVERS AVENUE
City-State-Zip: EVANSTON IL 60203

Title DIRECTOR
Name YANOFSKY, NEAL
Address 5911 GLENDORA AVENUE
City-State-Zip: DALLAS TX 75230

Title DIRECTOR
Name DARKEY-HRINYA, JOYCE
Address 620 WEST 56TH STREET
City-State-Zip: KANSAS CITY MO 64113