

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 839014

**FILED**  
**Jan 05, 2016**  
**Secretary of State**  
**CC2597948303**

**Entity Name:** LIFESPACE COMMUNITIES, INC.

**Current Principal Place of Business:**

100 E GRAND AVENUE  
SUITE 200  
DES MOINES, IA 50309-1835

**Current Mailing Address:**

100 E GRAND AVENUE  
SUITE 200  
DES MOINES, IA 50309-1835 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 D  
Name KADUCE, JOHN J  
Address 9014 SE HAWKS NEST COURT  
City-State-Zip: HOBE SOUND FL 33455

Title D  
Name WAGNER-HAUSER, ANN M  
Address 5900 HERMITAGE TRAIL  
City-State-Zip: MINNETRISTA MN 55364

Title VP, CHIEF FINANCIAL OFFICER AND  
TREASURER  
Name SMITH, LARRY M  
Address 100 E. GRAND AVE., SUITE 200  
City-State-Zip: DES MOINES IA 50309

Title VP, GENERAL COUNSEL AND  
SECRETARY  
Name HIRSCH, JODI K  
Address 100 E GRAND AVENUE  
SUITE 200  
City-State-Zip: DES MOINES IA 50309-1835

Title PD  
Name BENTLEY, MEREDITH S  
Address 100 E. GRAND AVE., SUITE 200  
City-State-Zip: DES MOINES IA 50309

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

Title CD  
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

**Continues on page 2**

*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 K. HIRSCH

**GENERAL COUNSEL**

**01/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title VICE PRESIDENT OF HUMAN RESOURCES  
Name LEONHARDT, JOEILYNN M  
Address 100 EAST GRAND AVENUE  
SUITE 200  
City-State-Zip: DES MOINES IA 50309

Title DIRECTOR  
Name DRAGONETTE, RITA M  
Address 680 NORTH LAKE SHORE DRIVE  
#422  
City-State-Zip: CHICAGO IL 60611

Title VICE PRESIDENT OF CLINICAL  
SERVICES  
Name HAMM, SARA  
Address 100 E GRAND AVENUE  
SUITE 200  
City-State-Zip: DES MOINES IA 50309-1835