

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000005431

**Entity Name:** COMMUNITY SENIOR LIFE, INC.**Current Principal Place of Business:**25819 CANAL ROAD  
ORANGE BEACH, AL 36561**Current Mailing Address:**25819 CANAL ROAD  
ORANGE BEACH, AL 36561 US**FEI Number:** 63-1001785**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOFFMAN, CHARLES LESQ  
SHELL FLEMING DAVIS & MENGE, P.A.  
9TH FLOOR, SEVILLE TOWER  
PENSACOLA, FL 32501 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	WARREN, DOUG
Address	25819 CANAL RD
City-State-Zip:	ORANGE BEACH AL 36561

Title	CFO
Name	JOHNSON, ROBIN E
Address	25819 CANAL RD
City-State-Zip:	ORANGE BEACH AL 36561

Title	D
Name	LAIRD, PHIL
Address	25819 CANAL RD
City-State-Zip:	ORANGE BEACH AL 36561

Title	VP
Name	SCARBROUGH, DANIEL
Address	25819 CANAL RD
City-State-Zip:	ORANGE BEACH AL 36561

Title	D
Name	CARLSON, MIKE
Address	25819 CANAL RD
City-State-Zip:	ORANGE BEACH AL 36561

*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:** ROBIN E JOHNSON

CFO

02/17/2014

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