

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **757880** (0)

1. Corporation Name

PALATKA RETIREMENT VILLAS, INC.



Principal Place of Business

Mailing Address

**PROVIDENCE CENTER
134 E. CHURCH ST.
JACKSONVILLE FL 32202**

**SANDRA B. BONNA
134 E. CHURCH ST.
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified
05/06/1981

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21 **Providence Center**

26 **Sandra B. Bonna**

4. FEI Number

59-2147710

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **134 E. Church St.**

Suite, Apt. #, etc.

27 **134 E. Church St.**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 **Jacksonville, FL**

City & State

28 **Jacksonville, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 **32202**

Country

25 **USA**

Zip

29 **32202**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAUT, VINCENT J.
11625 OLD ST. AUGUSTINE RD.
JACKSONVILLE FL 32217**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **BROWN, MARY LAWSON**
STREET ADDRESS **107 S. 9TH STREET**
CITY-ST-ZIP **PALATKA, FL 00000**

11 TITLE **D** ☒ Change ☐ Addition

12 NAME **CRAFT, EVIE**
13 STREET ADDRESS **109 Cody Dr.**
14 CITY-ST-ZIP **Satsuma, FL 32189**

TITLE **PD** ☐ DELETE

NAME **CRAFT, EVIE**
STREET ADDRESS **109 CODY DR**
CITY-ST-ZIP **SATSUMA FL**

21 TITLE **VD** ☒ Change ☐ Addition

22 NAME **HARRIS, RETA**
23 STREET ADDRESS **102 Ashley Dr.**
24 CITY-ST-ZIP **Palatka, FL 32177**

TITLE **D** ☐ DELETE

NAME **HARRIS, RETA**
STREET ADDRESS **102 ASHLEY DR**
CITY-ST-ZIP **PALATKA FL**

31 TITLE **D** ☒ Change ☐ Addition

32 NAME **KUMMER, GERALDINE**
33 STREET ADDRESS **5238 Silverlake Dr.**
34 CITY-ST-ZIP **Palatka, FL 32177**

TITLE **D** ☐ DELETE

NAME **KUMMER, GERALDINE**
STREET ADDRESS **ROUTE 3, BOX 2278**
CITY-ST-ZIP **PALATKA FL**

41 TITLE **PD** ☒ Change ☐ Addition

42 NAME **TROTMAN, BERNICE**
43 STREET ADDRESS **1405 High St.**
44 CITY-ST-ZIP **Palatka, FL 32177**

TITLE **VD** ☐ DELETE

NAME **TROTMAN, BERNICE**
STREET ADDRESS **1405 HIGH ST.**
CITY-ST-ZIP **PALATKA FL**

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **FINLAY, JOSEPH REV.**
STREET ADDRESS **114 SOUTH FOURTH STREET**
CITY-ST-ZIP **PALATKA FL**

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Bonna*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

904 632-1255

Date

Daytime Phone #

CR2E037 (12/95)