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NONPROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Bonna

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

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Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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PALATKA RETIREMENT VILLAS, INC.

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| ROVIDENCE CENTER | | | | SANDRA B. BONNA | | | | | | | | |
| 34 E. CHURCH ST. ACKSONVILLE FL 32202 | | | | 134 E. CHURCH ST. JACKSONVILLE FL 32202-3130 | | | | | | | | |
| | | | UNUN | WATERLE I'E | VERVE VIO | ~ | | | 3. Date Incorporated or Qualified 05/06/1981 | | te of Last f 1/31/199 | |
| 2. Principal Pia | | | ├ | Mailing Addr | | | | | 4. FEI Number | | A | pplied For |
| Providence Center | | | | 26 Sandra B. Bonna | | | | | 59-2147710 | | | |
| Suite, Apt. #, etc 134 E. Church St. | | | 27 | | | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | | | ļ | City & State | | * *** | | | 6. Election Campaign Financing | _ | | May Be |
| 23 | onville | | 28 | Jackson | 171116 | | | | Trust Fund Contribution | <u>U</u> | | to Fees |
| Zip 32202 | | Country 25 USA | 29 | Zip 32202 | ŀ | | ⊔ntry J S A | | 8. This corporation has liability for in | ntangible] Yes 🏽 🧏 | | s. 199.032, |
| 32202 | | and Address of Cur | | | | 30 - | 1 | | 10. Name and Address of New Re | | | |
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| HAUT, VIN | ICENT I | | | | | | 90 0 | احلماء المما | ross (D.O. Boy Number is that Assessed | | | |
| | | ustine RD. | | | | | 62 St | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| JACKSON' | | | | | | | 83 | | | | | |
| UNUNUUN | TILLE I L | LLII | | | | | 04 6 | | | | or 7im | Code |
| | | | | | | | 84 Ci | .y | | FL | 85 Zip | Code |
| 11. Pursuant t | to the provis | ions of Sections 617.6 | 0502 and 6 ate of Flori | 17.1508, Florid da. Such chan | da Statute nge was a | es, the a | bove-na | ned corp corporat | poration submits this statement for the p tion's board of directors. I hereby accep | urpose of | changing cintment as | lts registered registered |
| OHIGG OF IC | | | diaptions of | f. Section 617 | AFOR Die | rida Sta | tuton | - | • | | | - |
| agent. I ar | m tamiliar w | in, and accept the or | nigations o | i, section on. | .0503, FIO | niou olu | ilules. | | | | | |
| SIGNATURE | | | | | | | | | · | | | |
| SIGNATURE _ | | or printed name of registered | l agent and bile | it applicable | | Registere | | | ored when reinstating) | DATÉ | | RS IN 12 |
| SIGNATURE | Signature, typed | | l agent and bile | it applicable | (NOTE | | ed Agent sig | nature requir | ired when reinstating) ADDITIONS/CHANGES TO OFFIC | DATÉ | | |
| SIGNATURE | Signature, typed | or printed name of registered OFFICERS | l agent and bile | if applicable | (NOTE | E Registere 13. | ed Agent sig | nature requir | ored when reinstating) | DATÉ | DIRECTO | |
| SIGNATURE | D BROWN, | or printed name of registered OFFICERS | l agent and bile | if applicable | (NOTE | 13. 1.1 T | ed Agent sig | S S | red when reinstating) ADDITIONS/CHANGES TO OFFICE ATT/D | DATÉ | DIRECTO | |
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