

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 27 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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 <b>PROVIDENCE CENTER 134 E. CHURCH ST. JACKSONVILLE FL 32202</b>	Mailing Address <b>SANDRA B. BONNA 134 E. CHURCH ST. JACKSONVILLE FL 32202-3130</b>
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3. Date Incorporated or Qualified <b>05/06/1981</b>	3a. Date of Last Report <b>01/31/1996</b>
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2. Principal Place of Business <b>21 Providence Center</b>	2a. Mailing Address <b>26 Sandra B. Bonna</b>	4. FEI Number <b>59-2147710</b>	Applied For <b>Not Applicable</b>
Suite, Apt. #, etc. <b>22 134 E. Church St.</b>	Suite, Apt. #, etc. <b>27 134 E. Church St.</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23 Jacksonville, FL</b>	City & State <b>28 Jacksonville, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24 32202</b>	Country <b>25 USA</b>	Zip <b>29 32202</b>	Country <b>30 USA</b>
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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>S/T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BROWN, MARY LAWSON</b>		1.2 NAME <b>Sandra B. Bonna</b>	
STREET ADDRESS <b>107 S. 9TH STREET</b>		1.3 STREET ADDRESS <b>134 E. Church St.</b>	
CITY-ST-ZIP <b>PALATKA, FL 00000</b>		1.4 CITY-ST-ZIP <b>Jacksonville, FL 32202</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CRAFT, EVIE</b>		2.2 NAME	
STREET ADDRESS <b>109 CODY DR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>SATSUMA FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARRIS, RETA</b>		3.2 NAME	
STREET ADDRESS <b>102 ASHLEY DR</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALATKA FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KUMMER, GERALDINE</b>		4.2 NAME	
STREET ADDRESS <b>5238 SILVERLAKE DR.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALATKA FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TROTMAN, BERNICE</b>		5.2 NAME	
STREET ADDRESS <b>1405 HIGH ST.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALATKA FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FINLAY, JOSEPH REV.</b>		6.2 NAME	
STREET ADDRESS <b>114 SOUTH FOURTH STREET</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALATKA FL</b>		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Sandra B. Bonna* **1-15-97** **904-632-1255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0004080

CR2E037 (9/96)