

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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</b>
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3. Date Incorporated or Qualified  
**05/06/1981**

4. FEI Number <b>59-2147710</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, MARY LAWSON</b>	1.2 NAME	<b>Harris, Reta</b>
STREET ADDRESS	<b>107 S. 9TH STREET</b>	1.3 STREET ADDRESS	<b>102 Ashley Drive</b>
CITY-ST-ZIP	<b>PALATKA, FL 00000</b>	1.4 CITY-ST-ZIP	<b>Palatka, FL 32177</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CRAFT, EVIE</b>	2.2 NAME	<b>Ginn, Lou</b>
STREET ADDRESS	<b>109 CODY DR</b>	2.3 STREET ADDRESS	<b>417 St. Johns Avenue</b>
CITY-ST-ZIP	<b>SATSUMA FL</b>	2.4 CITY-ST-ZIP	<b>Palatka, FL 32177</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>S/T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRIS, RETA</b>	3.2 NAME	<b>Bonna, Sandra</b>
STREET ADDRESS	<b>102 ASHLEY DR</b>	3.3 STREET ADDRESS	<b>134 E. Church St.</b>
CITY-ST-ZIP	<b>PALATKA FL</b>	3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>
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 checked="" 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	

1.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Harris, Reta</b>
1.3 STREET ADDRESS	<b>102 Ashley Drive</b>
1.4 CITY-ST-ZIP	<b>Palatka, FL 32177</b>
2.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Ginn, Lou</b>
2.3 STREET ADDRESS	<b>417 St. Johns Avenue</b>
2.4 CITY-ST-ZIP	<b>Palatka, FL 32177</b>
3.1 TITLE	<b>S/T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Bonna, Sandra</b>
3.3 STREET ADDRESS	<b>134 E. Church St.</b>
3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 3-19-98 904-632-1285**

CP2E037 (10/97)