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May 15, 1999 8:00 am
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05-15-1999 90021 043 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757880

1. Corporation Name

PALATKA RETIREMENT VILLAS, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/06/1981

4. FEI Number

59-2147710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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 ☐ DELETE

TITLE **PD**
NAME **HARRIS, RETA**
STREET ADDRESS **102 ASHLEY DRIVE**
CITY-ST-ZIP **PALATKA, FL 00000 32117**

TITLE **D** ☐ DELETE

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

TITLE **VD** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **KUMMER, GERALDINE**
STREET ADDRESS **5238 SILVERLAKE DR.**
CITY-ST-ZIP **PALATKA FL**

TITLE **VD** ☐ DELETE

NAME **GINN, LOU**
STREET ADDRESS **417 ST JOHNS AVENUE**
CITY-ST-ZIP **PALATKA FL 32177**

TITLE **D** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Sandra B. Bonna*

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

5/17/99

Date

904/632-1255

Daytime Phone #

CR2E037 (11/98)