

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90210 033 ****61.25

DOCUMENT # 757880

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2147710**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **BROWN, MARY L**
 STREET ADDRESS **107 S 9TH ST**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **D** ☐ Change ☒ Addition
 NAME **Wilson, Lorraine**
 STREET ADDRESS **1291 Hwy 19 South**
 CITY-ST-ZIP **Palatka FL 32177**

TITLE **V** ☐ Delete
 NAME **MILLER, JOYCE**
 STREET ADDRESS **PO BOX 520**
 CITY-ST-ZIP **BOSTWICK FL 32007**

TITLE **D** ☐ Change ☒ Addition
 NAME **Waters, B. F.**
 STREET ADDRESS **1707 S. Palm Avenue**
 CITY-ST-ZIP **Palatka FL 32177**

TITLE **D** ☐ Delete
 NAME **WATERS, CARMEN**
 STREET ADDRESS **1707 S PALM AVE**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **FAUNCE, BARBARA**
 STREET ADDRESS **150 RIVER DRIVE**
 CITY-ST-ZIP **EAST PALATKA FL 32131**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **GINN, LOU**
 STREET ADDRESS **421 ST JOHNS AVE**
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **D** ☒ Change ☐ Addition
 NAME **Finlay, Joseph Rev.**
 STREET ADDRESS **114 South Fourth Street**
 CITY-ST-ZIP **Palatka FL 32177**

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

3-12-01 904-632-1255

CR2E037 (10/00)

633918
attachment
D# 757880

PALATKA RETIREMENT VILLAS

OFFICERS AND DIRECTORS

S/T

Bonna, Sandra B.
134 E Church Street
Jacksonville FL 32202-3130

D

Tierney, William J.
P. O. Box 24000
Jacksonville FL 32241-4000

D

Henley, John
P. O. Box 374
Bostwick FL 32007

D

Henley, June
P. O. Box 374
Bostwick FL 32007

D

David, Chris
110 Myrtle Wood Point Road
East Palatka FL 32131