

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757880

**Entity Name:** PALATKA RETIREMENT VILLAS, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

ALMA C. BALLARD  
134 E. CHURCH ST.  
JACKSONVILLE, FL 32202

**FEI Number:** 59-2147710

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	LAWSON BROWN, MARY
Address	107 SOUTH 9TH STREET
City-State-Zip:	PALATKA FL 32177
Title	ST
Name	BALLARD, ALMA C
Address	134 EAST CHURCH STREET
City-State-Zip:	JACKSONVILLE FL 32202
Title	D
Name	DAVID, CRIS
Address	110 MYRTLE WOOD POINT ROAD
City-State-Zip:	EAST PALATKA FL 32131

Title	VP
Name	BRANTLEY, TERRI
Address	PO BOX 380163
City-State-Zip:	GRANDIN FL 32138
Title	D
Name	HICKEY, LAURA
Address	134 EAST CHURCH STREET
City-State-Zip:	JACKSONVILLE FL 32202
Title	D
Name	BROWN, JOHNNY M
Address	107 SOUTH 9TH STREET
City-State-Zip:	PALATKA FL 32177

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALMA C. BALLARD

**SECRETARY/TREASURER** 03/06/2013

Electronic Signature of Signing Officer/Director Detail

Date