

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757880

Entity Name: PALATKA RETIREMENT VILLAS, INC.**Current Principal Place of Business:**3100 UNIVERSITY BLVD. S
SUITE 235
JACKSONVILLE, FL 32216**Current Mailing Address:**ALMA C. BALLARD
3100 UNIVERSITY BLVD. S. SUITE 235
JACKSONVILLE, FL 32216 US**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	ST
Name	BALLARD, ALMA C
Address	3100 UNIVERSITY BLVD. S. SUITE 235
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	HASELL, ANITA
Address	3100 UNIVERSITY BLVD. S. SUITE 121
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	BURRIDGE, HARRY
Address	PO BOX 2368
City-State-Zip:	INTERLACHEN FL 32148

Title	DIRECTOR
Name	BURRIDGE, CAROL
Address	PO BOX 2368
City-State-Zip:	INTERLACHEN FL 32148

Title	DIRECTOR
Name	CLAY, JOHN
Address	1071 N. COUNTY ROAD 315
City-State-Zip:	MELROSE FL 32666

Title	DIRECTOR
Name	CLAY, WILHELMINA
Address	1071 N. COUNTY ROAD 315
City-State-Zip:	MELROSE FL 32666

Title	DIRECTOR
Name	DAVIS, EDWARDS
Address	P.O. BOX 53
City-State-Zip:	GRADING FL 32138

Title	VP
Name	DAVIS, SHIRLEY
Address	P.O. BOX 53
City-State-Zip:	GRADING FL 32138

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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** 03/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name BRAUMAN, THERESA F
Address 7265 A1A S. B4
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name CARR, RICHARD A
Address 203 HARBOR DRIVE
City-State-Zip: PALATKA FL 32177

Title DIRECTOR
Name IOVINO, MARY F
Address 10120 ISAACSON AVE
City-State-Zip: HASTINGS FL 32145