

2020 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

FILED
Feb 28, 2020
Secretary of State
0336963183CC

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 DIRECTOR
Name BRANTLEY, TERRI
Address PO BOX 380163
City-State-Zip: GRANDIN FL 32138

Title ST
Name BALLARD, ALMA C
Address 3100 UNIVERSITY BLVD. S.
SUITE 235
City-State-Zip: JACKSONVILLE FL 32216

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

Title DIRECTOR
Name STONE, CAROL
Address CATHOLIC CHARITIES OFFICE
1000 HUSSON AVENUE
City-State-Zip: PALATKA FL 32177

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

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

Continues on page 2

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 02/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BECK, CARL
Address 275 RIVER DRIVE
City-State-Zip: EAST PALATKA FL 32131

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

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

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