

2015 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 DIRECTOR
Name LAWSON BROWN, MARY
Address 107 SOUTH 9TH STREET
City-State-Zip: PALATKA FL 32177

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

Title ST
Name BALLARD, ALMA C
Address 134 EAST CHURCH STREET
City-State-Zip: JACKSONVILLE FL 32202

Title D
Name HICKEY, LAURA
Address 134 EAST CHURCH STREET
City-State-Zip: JACKSONVILLE FL 32202

Title VP
Name BROWN, JOHNNY M
Address 107 SOUTH 9TH STREET
City-State-Zip: PALATKA FL 32177

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

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

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 04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date