

**2024 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 HASSELL, ANITA  
Address 3100 UNIVERSITY BLVD. S.  
SUITE 250  
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

**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 TREASURE** 02/15/2024

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