

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710539** (8)

1. Corporation Name

**ST. CLOUD RETIREMENT HOME, INC.**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
ST CLOUD RETIREMENT HOMES 1801 KISSIMMEE PK ROAD ST CLOUD FL 34770 US		ST CLOUD RETIREMENT HOME P.O. BOX 700246 ST CLOUD FL 34770 US		03/17/1966	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		23-7102936	
22 City & State		27 City & State		Applied For	
23 Zip		28 Zip		Not Applicable	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUINONES IV, JOHN P**  
**3 S BERMUDA AVE**  
**SUITE #11**  
**KISSIMMEE FL 34741**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JACKS, MARIAN	1.1 TITLE	
NAME	717 INDIANA AVE.	1.2 NAME	
STREET ADDRESS	ST. CLOUD FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD JACKS, REGINALD	2.1 TITLE	
NAME	717 INDIANA AVENUE	2.2 NAME	
STREET ADDRESS	ST. CLOUD FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD LOTHIAN, LENORA	3.1 TITLE	
NAME	1356 WOOD LAKE CIRCLE	3.2 NAME	
STREET ADDRESS	ST. CLOUD FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD RODRIGUE, JOE	4.1 TITLE	
NAME	1421 EMERALD DRIVE	4.2 NAME	
STREET ADDRESS	KISSIMMEE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D QUINONES, JOHN P	5.1 TITLE	
NAME	419 BROADWAY	5.2 NAME	
STREET ADDRESS	KISSIMMEE FL	5.3 STREET ADDRESS	3. S Bermuda Ave Ste 11
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	D PERRY, MARGE	6.1 TITLE	
NAME	2123 BALBOA WAY	6.2 NAME	
STREET ADDRESS	KISSIMMEE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Marian Jacks*

2/25/98

CFR2037 (10/97)