NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 710539

ST. CLOUD RETIREMENT HO	DME, INC.					
Principal Place of Business	Mailing Address					
ST CLOUD RETIREMENT HOMES 1601 KISSIMMEE PK ROAD ST CLOUD FL 34770 US	ST CLOUD RETIREMENT HOME P.O. BOX 700246 ST CLOUD FL 34770 US					
2. Principal Place of Business	2a. Mailing Address					
21   Suite, Apt. #, etc.	Suite, Apt. #, etc.					

## **FILED** Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90096 025 \*\*\*\*70.00

a ganggi langg kingh anggi agkan agkan lang alah dinki di

1601 KISSIMMEE PK ROAD P.O. BOX 700246					1						
ST CLOUD FL 34770 ST CLOUD FL 34770					]	1 (4011) 10081 41014	##1#1 #12## (6)	10 1011 01011 01	#11 #1611 #1611 #1#	11 01011 1001	
US		US									
		1 20 11 11 11 11 11				Date Incorporated	or Qualifed				
	ace of Business	2a. Mailing Address			"	03/17/1966	OI QUANIOU		·		
21		Suite, Apt. #, etc.				FEI Number			Anr	olied For	
Suite, Apt. #	≠, etc.				-	23-7102936			<del></del>	Applicable	
22		City & State							\$8.75 A		
City & State	•	28			5.	Certificate of Statu	s Desired	×	Fee Rec		
Zip	Country	Zip	Countr	y	6	. Election Campaigr	Financing		\$5.00	May Be	
24	25	29	0			Trust Fund Contrib	ution		Added to	Fees	
	9. Name and Address of Current	Registered Agent			10	Name and Addre	ss of New F	Registered	Agent		
			8								
QUINONE	S IV, JOHN P		8:	Street	JACK Address	P.O. Box Number is	Not Accepta	able)			
3 S BERM			"	- Outcom	, , , , , , , , , , , , , , , , , , ,	717 Ind	lana A	lvé			
SUITE #1			8:	3		at a1					
	E FL 34741		84	City	<del></del>	St. Clo	<u>10</u>	<del></del>	85 Zip C	ode	
	*			1				FL	•	[	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the abo	ve-named	corporation	on submits this state	ment for the	purpose of	changing its	egistered	
office or re	to the provisions of Sections 617.0502 agistered agent, or both, in the State of the obligation of the obligations are secured to the obligations.	of Florida. Such change was auti idhs of, Section 617,0503, Florid	norized bi la Statute	y the corpo s.	oration's t	opard of directors. I f	ereby accer	pt the appoi	munent as reg	istered	
	11 00 11 11	u _		-		21)	199				
SIGNATURE	Signature, typed or printed name of registrated agent		egistered Ag	ent signature r	required when		<b>~</b>	DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHAN	GES TO OF	FICERS AN			
TITLE	PD	☐ DELETE	1.1 TITLE						Change	Addition	
NAME	JACKS, MARIAN		1.2 NAME								
STREET ADDRESS	717 INDIANA AVE.		1.3 STRE	ET ADORESS							
CITY-ST-ZIP	ST. CLOUD FL		1.4 CITY-	ST-ZIP							
TITLE	SD	☐ DELETE	2.1 TITLE						Change	☐ Addition	
NAME	JACKS, REGINALD		2.2 NAME								
STREET ADDRESS	717 Indiana avenue		2.3 STRE	ET ADDRESS	;				٠.		
CITY-ST-ZIP	ST. CLOUD FL		2. 4 CITY	ST-ZIP							
TITLE	TD	☐ DELETE	3.1 TITLE						Change	☐ Addition	
NAME	LOTHIAN, LENORA		3.2 NAME		}						
STREET ADDRESS	1356 WOOD LAKE CIRCLE		3.3 STRE	ETADORESS	5						
CITY-ST-ZIP	ST. CLOUD FL		3.4. CITY	ST-ZIP							
TITLE	VD	☐ DELETE	4.1 TITLE						Change	Addition	
NAME	RODRIGUE, JOE		4. 2 NAM	E							
STREET ADDRESS	1421 EMERALD DRIVE		4.3 STRE	ET ADDRESS	3						
CiTY-ST-ZIP	KISSIMMEE FL		4.4 CITY-	ST-ZIP							
TITLE	D	<b>⊠</b> DELETE	5.1 TITLE		D				Change	Addition	
NAME	QUINONES, JOHN P		5.2 NAME	i		NA, WALTE	R				
STREET ADDRESS	3 S. BERMUDA AVE, STE 11		5.3 STRE	ET ADDRESS		W. VINE		KTSST	MMEE E	r. 3474	
CITY-ST-ZIP	KISSIMMEE FL 34741		5.4 CITY-		340	A . A TIAR	51, 1		<del> </del>		
TITLE	D	DELETE	6.1 TITLE		D				Change	✓ Addition	
NAME	PERRY, MARGE		6.2 NAME		I -	, ANDREW					
1	AAAA BALOO A MAAAAAAA				HOOTE	' BIADIVAN					

KISSIMMEE FL 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, with all other like empowered. 6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

2123 BALBOA WAY

401 CALIFORNIA AVE. ST. CCLOUD FL