

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90296 035 *****61.25

DOCUMENT # 723040	
1. Entity Name THE POSTMASTERS RETIREMENT VILLAGE ASSOCIATION, INC.	

Principal Place of Business 8182 CARL BROOK ROAD KEYSTONE HEIGHTS, FL 32656 US	Mailing Address HUTCHINSON RD. P.O. BOX 346 LAKE GENEVA, FL 32160
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2803500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ELDER, SHIRLEY 6265 FAYETTE AVE. KEYSTONE HEIGHTS, FL 32656

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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Shirley E Elder, Agent</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <i>4/12/05</i>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOYD, JUDITH 6318 MAGNOLIA ST. KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KENNEDY, MARY 6291 3RD. AVE. KEYSTONE HGTS., FL 32656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PATTERSON, CLARA M 8157 MERRIAN RD. KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ELDER, WILLIAM 6283 3RD AVE. KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, CLARENCE <i>KENNEDY</i> 62911 3RD AVENUE KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D METCALF, RALPH <i>RAYMOND</i> 6315 MAGNOLIA ST. KEYSTONE HEIGHTS, FL 32656

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Clara M. Patterson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>4/12/05</i> <small>Date</small> 352 473-4145 <small>Daytime Phone #</small>