FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 723040

1. Entity Name
THE POSTMASTERS RETIREMENT VILLAGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8182 CARL BROOK ROAD KEYSTONE HEIGHTS, FL 32656 US	HUTCHINSON RD. P.O.BOX 346 LAKE GENEVA, FL 32160

DO NOT WRITE IN THIS SPACE

01182006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2603500
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	RUIZ, ROSITA
STREET ADDRESS	6330 HUTCHINSON AVE.
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	S
NAME	KENNEDY, MARY
STREET ADDRESS	6291 3RD. AVE.
CITY-ST-ZIP	KEYSTONE HGTS., FL 32656
TITLE	T
NAME	PATTERSON, CLARA M
STREET ADDRESS	8157 MERRIAN RD.
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	P
NAME	ELDER, STANLEY
STREET ADDRESS	6271 BRICK HOUSE AVE.
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	D
NAME	KENNEDY, CLARENCE
STREET ADDRESS	62911 3RD AVENUE
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	D
NAME	METCALF, RAYMOND
STREET ADDRESS	8315 MAGNOLIA ST.
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656

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03/22/06-81044-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Clara M. Patterson CLARA M. PATTERSON 3/10/06 352 473-4145
SIGNATURE AND TYPED OR PRINTED NAME OF ENDING OFFICER OR DIRECTOR — Date — Daytime Phone #