

# '2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90012 004 \*\*\*\*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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2803500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELDER, SHIRLEY  
6265 FAYETTE AVE.  
KEYSTONE HEIGHTS FL 32656

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Shirley E Elder* **SHIRLEY E. ELDER**

**3/12/08**

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

(NOTE: Registered Agent signature is not used when resigning)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PERRY, ED	
STREET ADDRESS	6325 MAGNOLIA ST.	
CITY- ST- ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENNEDY, MARY	
STREET ADDRESS	6291 3RD. AVE.	
CITY- ST- ZIP	KEYSTONE HGTS. FL 32656	
TITLE	T	<input type="checkbox"/> Delete
NAME	PATTERSON, CLARA M	
STREET ADDRESS	8157 MERRIAN RD.	
CITY- ST- ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELDER, WILLIAM	
STREET ADDRESS	6283 3RD AVE.	
CITY- ST- ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOWNET, GEORGE	
STREET ADDRESS	6311 5TH AVE	
CITY- ST- ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	METCALF, RAYMOND	
STREET ADDRESS	6315 MAGNOLIA ST.	
CITY- ST- ZIP	KEYSTONE HEIGHTS FL 32656	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roseita Ruiz	
STREET ADDRESS	6330 Hutchinson Ave	
CITY- ST- ZIP	Keystone Heights, FL 32656	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, STEWART	
STREET ADDRESS	6311 5th Ave	
CITY- ST- ZIP	Keystone HEIGHTS, FL 32656	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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**

**03/12/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR