2009 AR

DOCUMENT # 723040

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

FILED
09 MAR 27 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

01182006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2803500 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELDER, SHIRLEY
6285 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 Shirley E Elder 03-26-09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, ROBYN SUE~~ Perry, ED
STREET ADDRESS	~~8330 HUTCHINSON AVE~~ 6325 Magnolia St
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~~ William
STREET ADDRESS	~~6274 BRICK HOUSE AVE~~ 6283 3RD AVE
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	D
NAME	~~KENNEDY, CLARENCE~~ George, Stuart
STREET ADDRESS	~~62811 3RD AVENUE~~ 6311 5th Ave
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	D
NAME	METCALF, RAYMOND
STREET ADDRESS	6315 MAGNOLIA ST.
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656

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03/27/09--01035--017 **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 3/20/09 352 473-4145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREAS. Date Daytime Phone #

3/30 cw