

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723040

FILED
Jan 19, 2010
Secretary of State

Entity Name: THE POSTMASTERS RETIREMENT VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

8182 CARL BROOK ROAD
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

Current Mailing Address:

HUTCHINSON RD.
P.O.BOX 346
LAKE GENEVA, FL 32160

New Mailing Address:

FEI Number: 59-2803500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELDER, SHIRLEY
6265 FAYETTE AVE.
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: PERRY, ED
Address: 6325 MAGNOLIA ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: S
Name: KENNEDY, MARY
Address: 6291 3RD. AVE.
City-St-Zip: KEYSTONE HGTS., FL 32656

Title: T
Name: PATTERSON, CLARA M
Address: 8157 MERRIAN RD.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D
Name: ELDER, WILLIAM
Address: 6283 3RD AVE.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D
Name: GEORGE, STUART
Address: 6311 5TH AVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D
Name: METCALF, RAYMOND
Address: 6315 MAGNOLIA ST.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLARA M. PATTERSON

TREA

01/19/2010

Electronic Signature of Signing Officer or Director

Date