

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723040

FILED
Jan 03, 2012
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:

HASLAM, SHIRLEY
8133 MERRIAN RD.
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: P
Name: GEORGE, STUART
Address: 6311 5TH AVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VP
Name: LORD, TIM
Address: 6334 HUTCHINSON AVE
City-St-Zip: KEYSTONE HGTS., FL 32656

Title: T
Name: ELDER, SHIRLEY
Address: 6265 FAYETTE ST.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

Title: D
Name: KENNEDY, CLARENCE
Address: 6291 3RD 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: PHYLLIS ELDER

SEC

01/03/2012

Electronic Signature of Signing Officer or Director

Date