

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738729

FILED
Apr 18, 2006
Secretary of State

Entity Name: PRESBYTERIAN VILLAS OF PORT CHARLOTTE, INC.

Current Principal Place of Business:

2285 AARON ST
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

1050 BURLINGTON AVE N
ST PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-1759898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHRENHOLZ, THOMAS
1050 BURLINGTON AVE N
ST PETE, FL 33705 US

Name and Address of New Registered Agent:

KONDOR, DEJE
1050 BURLINGTON AVE N
ST PETE, FL 33705 US

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: DEJE KONDOR

04/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ASD () Delete
Name: LUKENS, ELAINE
Address: 2245 GLENMOOR RD
City-St-Zip: CLEARWATER, FL 34624

Title: VD () Delete
Name: ALBERTS, HENK
Address: 10911 CARROLLWOOD DR
City-St-Zip: TAMPA, FL

Title: VD () Delete
Name: WYKE, EDWARD D
Address: 219 32 STREET W
City-St-Zip: BRADENTON, FL 34205

Title: TD () Delete
Name: WHITLOCK, PAUL
Address: PO BOX 742
City-St-Zip: ARCADIA, FL 34265

Title: SD () Delete
Name: DAVIES, IDRIS
Address: 2084 MASSACHUSETTS AVE NE
City-St-Zip: ST. PETERSBURG, FL

Title: PD () Delete
Name: JONES, GLORIA
Address: 4302 DEEPWATER LANE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GLORIA JONES

PD

04/18/2006

Electronic Signature of Signing Officer or Director

Date