

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738729

FILED  
Jan 27, 2012  
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:**

KONDOR, DEJE  
1050 BURLINGTON AVE N  
ST PETE, FL 33705 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: VD  
Name: RUUD, CLIFF  
Address: 12014 TIMBERHILL DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: ASD  
Name: JONES, GLORIA  
Address: 4302 DEEPWATER LANE  
City-St-Zip: TAMPA, FL 33615

Title: ATD  
Name: WYKE, EDWARD D  
Address: 219 32 STREET W  
City-St-Zip: BRADENTON, FL 34205

Title: TD  
Name: BROWN, HARRIS  
Address: 9291 MERIMOOD BLVD  
City-St-Zip: LARGO, FL 33777

Title: SD  
Name: SHANNON, EUGENIA  
Address: 401 57TH STREET W  
City-St-Zip: BRADENTON, FL 34209

Title: PD  
Name: PIEPER, NATHANIEL  
Address: 823 S ROXMER RD  
City-St-Zip: TAMPA, FL 33609

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: DEJE KONDOR

EX

01/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date