2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738730

FILED Apr 26, 2005 Secretary of State

Entity Name: PRESBYTERIAN VILLAS OF LEHIGH, INC.

Current Principal Place of Business: New Principal Place of Business: 1300 WOODWARD CT LEHIGH ACRES, FL 33970 US **Current Mailing Address: New Mailing Address:** 1051 2ND AVENUE NORTH 1050 BURLINGTON AVENUE NORTH ST PETERSBURG, FL 337051563 ST PETERSBURG, FL 337051563 FEI Number: 59-1760362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AHRENHOLZ, THOMAS AHRENHOLZ, THOMAS 1050 BURLINGTON AVENUE NORTH 1051 2 AVE N ST PETERSBURG, FL 33705 US ST PETERSBURG, FL 33705 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: 04/26/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete DVP () Change () Addition ALBERTS, HENK Name: Name: 10911 CARROLLWOOD DRIVE Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: ASD Title: () Delete () Change () Addition LUKENS, ELAINE Name: Name: Address: 2245 GLENMOOR RD Address: City-St-Zip: CLEARWATER, FL 34624 City-St-Zip: Title: PD() Delete Title: (X) Change () Addition MILLER, LAURA Name: WYKE, EDWARD D Name: 219 32ND STREET W Address: 390 WASHINGTON CT Address: City-St-Zip: FT MYERS BEACH, FL City-St-Zip: BRADENTON, FL 34205 Title: SD () Delete Title: () Change () Addition Name: DAVIES, IDRIS Name: 2084 MASSACHUSETTS AVE NE Address: Address: City-St-Zip: ST. PETERSBURG, FL City-St-Zip: Title: Title: () Delete () Change () Addition WHITLOCK, PAUL Name: Name: PO BOX 742 Address: Address: City-St-Zip: ARCADIA, FL 34265 City-St-Zip: Title: () Delete Title: (X) Change () Addition JONES, GLORIA JONES, GLORIA Name: Name: Address: 4302 DEEPWATER LANE Address: 4302 DEEPWATER LANE TAMPA, FL 33615 TAMPA, FL 33615 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 PRES 04/26/2005