2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# 745569

Entity Name: NORTH FLORIDA RETIREMENT VILLAGE, INC.

Current Principal Place of Business:

8000 NW 27 BLVD.
GAINESVILLE, FL 32606

New Principal Place of Business:

8000 NW 27 BLVD.
GAINESVILLE, FL 32606 US

Current Mailing Address:

8000 NW 27 BLVD.
GAINESVILLE, FL 32606

New Mailing Address:

8000 NW 27 BLVD.
GAINESVILLE, FL 32606 US

FEI Number: 59-1912330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEMONTOLLIN, STEPHEN J
4300 NW 89TH BLVD.
GAINESVILLE, FL 32606 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: AS ( ) Delete
Name: DEMONTMOLLIN, STEPHEN
Address: 7313 NW 47 CT
City-St-Zip: GAINESVILLE, FL 32606

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition
Name: SHARRON, W. HARVEY JR.
Address: 3304 NW 136TH STREET
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DVC ( ) Change (X) Addition
Name: LENTZ, FRANKLIN SR.
Address: 635 NE 1ST STREET
City-St-Zip: GAINESVILLE, FL 32601 US

Title: DT ( ) Change (X) Addition
Name: VILLEMAIRE, CAROL
Address: 5931 NW 1ST PLACE
City-St-Zip: GAINESVILLE, FL 32607 US

Title: DS ( ) Change (X) Addition
Name: BROWN, LEVEDA
Address: 4001 NW 9TH COURT
City-St-Zip: GAINESVILLE, FL 32605 US

Title: DCEO ( ) Change (X) Addition
Name: GALLAGHER, MICHAEL P
Address: 4300 NW 89TH BLVD.
City-St-Zip: GAINESVILLE, FL 32606 US

Title: P ( ) Change (X) Addition
Name: HART, TROY
Address: 4300 NW 89TH BLVD.
City-St-Zip: GAINESVILLE, FL 32606 US

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL P. GALLAGHER DCEO 01/30/2009

Electronic Signature of Signing Officer or Director — Date