

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001549

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** ADULT HOME CARE VILLA, INC.

**Current Principal Place of Business:**

4760 8TH AVE S  
ST PETERSBURG, FL 33711

**New Principal Place of Business:**

**Current Mailing Address:**

4760 8TH AVE S  
ST PETERSBURG, FL 33711

**New Mailing Address:**

**FEI Number:** 75-3183292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANUKONDA, ESMERALDA  
4760 8TH AVE S  
ST PETERSBURG, FL 33711 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:** MANUKONDA, ESMERALDA  
**Address:** 4760 8TH AVE S  
**City-St-Zip:** ST PETERSBURG, FL 33711

**Title:** VP  
**Name:** MANUKONDA, JOHN  
**Address:** 4760 8TH AVENUE SOUTH  
**City-St-Zip:** ST PETERSBURG, FL 33711

**Title:** D  
**Name:** MEDIDI, PADMAJA  
**Address:** 4760 8TH AVE S  
**City-St-Zip:** ST PETERSBURG, FL 33711

**Title:** D  
**Name:** JILLAPALLI, NEERAJA  
**Address:** 4760 8TH AVE S  
**City-St-Zip:** ST PETERSBURG, FL 33711

**Title:** D  
**Name:** RIVERA, MIGUEL  
**Address:** 4760 8TH AVENUE SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33711

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:** ESMERALDA MANUKONDA

P

04/29/2010

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

\_\_\_\_\_  
Date