2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2012
Secretary of State

DOCUMENT# N05000001549

Entity Name: ADULT HOME CARE VILLA, INC.

Current Principal Place of Business:

4760 8TH AVE SOUTH
ST PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

4760 8TH AVE SOUTH
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 SOUTH
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 SOUTH
City-St-Zip: ST PETERSBURG, FL 33711 US

Title: D
Name: SMITH, ZULLY
Address: 4760 8TH AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711 US

Title: D
Name: MATEO, HELEN
Address: 4760 8TH AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711 US

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 02/08/2012

Electronic Signature of Signing Officer or Director — Date