FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38790** **(4)**

1. Corporation Name

PRIDE OF THE VILLA, INC.

Principal Place of Business	Mailing Address
801 AVENUE T NE WINTER HAVEN FL 33881	P.O. BOX 3144 WINTER HAVEN FL 33885-3144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1990
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-3051417 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KIND, PATRICIA
801 AVENUE T, NE
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name: Ora Tugerson
82 Street Address (P.O. Box Number is Not Acceptable): 311 Avenue P., N.W.
83
84 City: Winter Haven **FL** 85 Zip Code: 33881

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ora Tugerson 4/20/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	RICHIE, PATRICIA E.	12 NAME	Darrell Horne	
STREET ADDRESS	1736 3RD ST NE	13 STREET ADDRESS	212 Grace ave.	
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	Dundee, FL	
TITLE	VD	21 TITLE	VD	☐ Change ☐ Addition
NAME	TUGERSON, ORA	22 NAME	Ora Tugerson	
STREET ADDRESS	311 AVE P. N.W.	23 STREET ADDRESS	311 Aveneu P, N.W.	
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	ROLLINS, LAURA	32 NAME	Shirley Brown	
STREET ADDRESS	821 AVENUE R N E	33 STREET ADDRESS	2495-B Smoke Rd.	
CITY-ST-ZIP	WINTER HAVEN FL	34 CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	TD	41 TITLE	TD	☐ Change ☐ Addition
NAME	JONES, GLENDA	42 NAME	Glenda JOnes	
STREET ADDRESS	608 AVENUE S NE	43 STREET ADDRESS	608 Sears Ave. N.E.	
CITY-ST-ZIP	WINTER HAVEN FL	44 CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	KENT, GREG	52 NAME		
STREET ADDRESS	206 COUNTRY LANE, NE	53 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	54 CITY-ST-ZIP		
TITLE	PD	61 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, NORMA	62 NAME		
STREET ADDRESS	P.O. BOX 571, N/A	63 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND CITY FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Darrell T. Horne 4-20-95 297 5443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00038727