

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716111

Entity Name: THE TOWERS OF JACKSONVILLE, INC.**Current Principal Place of Business:**1400 LEBARON AVE
JACKSONVILLE, FL 32207**Current Mailing Address:**1400 LEBARON AVE
JACKSONVILLE, FL 32207**FEI Number:** 59-1392216**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KERMITZ, ROBERT
14775 OLD ST AUGUSTINE ROAD
JACKSONVILLE, FL 32258 US*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:** ROBERT KERMITZ

04/15/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ANDERSON, LINDA
Address 9526 WATERFORD ROAD
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name GRANT, BILL
Address 10350 DEERWOOD CLUB RD
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name MCCLELLAND, EDDIE
Address 8383 BAYMEADOWS WAY
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name SOLANKA, HEATHER
Address 3120 HOLLOW TREE COURT
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name LANDAU, KIRK
Address 7855 TROY HILLS LANE
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name MITCHELL, JOHN A III
Address 4444 CATHEYS CLUB LANE
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name GANDY, JIM
Address 3309 HEATHCLIFF LANE
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR, PRESIDENT
Name KERMITZ, ROBERT
Address 4343 BALLINGER DRIVE
City-State-Zip: JACKSONVILLE FL 32257

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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: HEATHERANN M SOLANKA

DIRECTOR

04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHINN, SAM REV
Address 4163 GADSDEN ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER
Name LEE, NEE CEE
Address 7608 TARA LANE
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name FERGUSON, LYNNE
Address 7104 CATALONIA ROAD
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name PARKER, TERESA
Address 4339 WINDERGATE DRIVE
City-State-Zip: JACKSONVILLE FL 32257

Title VP
Name HOWELL, SUSAN
Address 5328 HERONVIEW DRIVE
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name STALLARD, W. DAN
Address 200 STONY FORD DRIVE
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR
Name TOOLE, VANCE
Address 11901 ABYSS BLVD
4131
City-State-Zip: JACKSONVILLE FL 32225