

**2018 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

04/30/2018

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 MCCLELLAND, EDDIE  
Address 1320 HENDRICKS AVE  
STE 2  
City-State-Zip: JACKSONVILLE FL 32207

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

Title DIRECTOR  
Name VERLANDER, CHRIS  
Address 1400 LEBARON AVE  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name GRANT, BILL  
Address 10350 DEERWOOD CLUB RD  
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 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

**Continues on page 2**

*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:** HEATHER SOLANKA

DIRECTOR

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title               DIRECTOR  
Name               ENGLAND, ANNE REV  
Address            936 ARBOR LANE  
City-State-Zip:   JACKSONVILLE FL 32207

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

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