

2025 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:**PO BOX 56255
JACKSONVILLE, FL 32241 US**FEI Number:** 59-1392216**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOWELL, SUSAN
5328 HERONVIEW DRIVE
JACKSONVILLE, FL 32257 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:** SUSAN HOWELL

04/15/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name CHINN, SAM REV
Address 4033 DOVER ROAD
City-State-Zip: JACKSONVILLE FL 32207

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

Title SECRETARY
Name LEE, NEE CEE
Address 7609 TARA LANE
City-State-Zip: JACKSONVILLE FL 32216

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

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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: TOMMIE ALLEN

TREASURER

04/15/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BADGETT, KATHY
Address 4334 BALLINGER DRIVER
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER
Name ALLEN, TOMMIE
Address 1249 ALDERMAN ROAD E
City-State-Zip: JACKSONVILLE FL 32211

Title DIRECTOR
Name PRICE, STEVEN
Address 9645 WHITTINGTON DRIVE
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name LARKIN, JEP
Address 1204 MONTICELLO ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title VP
Name WARE, WILLIAM E
Address 1326 LAKEWOOD ROAD
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name GALLOGLLY, LOREN
Address 4111 PALOMA POINT COURT
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name LARKIN, AMY
Address 1204 MONTICELLO ROAD
City-State-Zip: JACKSONVILLE FL 32207