

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004354

Entity Name: PENSACOLA RETIREMENT VILLAGE V, INC.**Current Principal Place of Business:**80 WEST LUCERNE CIRCLE
ORLANDO, FL 32801**Current Mailing Address:**80 WEST LUCERNE CIRCLE
ORLANDO, FL 32801 US**FEI Number:** 56-2372327**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KEITH, HENRY T
80 WEST LUCERNE CIRCLE
ORLANDO, FL 32801 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE VP/ASST. SECRETARY
Name ROGERS, TERENCE E
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title SENIOR VP/SECRETARY/TREASURER
Name KEITH, HENRY T
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name MILTON, V, JOHN
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT
Name MORGAN, HOWARD K
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name BARNES, TRAVIS S JR.
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name SHELLEY, LINDA
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name BELL, WILLIAM
Address 80 WEST LUCERNE CIRCLE
City-State-Zip: ORLANDO FL 32801

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: TERENCE E ROGERSEXECUTIVE VICE
PRESIDENT

04/29/2020

Electronic Signature of Signing Officer/Director Detail

Date