

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000056687

**Entity Name:** RESIDENTS' AID FUND OF PENNEY RETIREMENT  
COMMUNITY, LLC**Current Principal Place of Business:**3495 HOFFMAN STREET  
PENNEY FARMS, FL 32079-0555**Current Mailing Address:**P.O. BOX 555  
PENNEY FARMS, FL 32079-0555**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PENNEY RETIREMENT COMMUNITY, INC.  
3495 HOFFMAN STREET  
PENNEY FARMS, FL 32079-0555 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

**Authorized Person(s) Detail :**

Title	CHAIRMAN
Name	NELSON, KATHLEEN
Address	3495 HOFFMAN STREET
City-State-Zip:	PENNEY FARMS FL 32079-0555

Title	TREASURER
Name	KIMSEY, SUSAN
Address	3495 HOFFMAN STREET
City-State-Zip:	PENNEY FARMS FL 32079-0555

Title	SECRETARY
Name	CARTER, JANICE
Address	3495 HOFFMAN STREET
City-State-Zip:	PENNEY FARMS FL 32079-0555

Title	MANAGER
Name	SCOTT, TERESA
Address	3495 HOFFMAN STREET
City-State-Zip:	PENNEY FARMS FL 32079-0555

Title	MANAGER
Name	MCKAY, WILLIAM
Address	3495 HOFFMAN STREET
City-State-Zip:	PENNEY FARMS FL 32079

Title	MANAGER
Name	HODGES, ROBERT
Address	3495 HOFFMAN STREET
City-State-Zip:	PENNEY FARMS FL 32079

Title	MANAGER
Name	PIPHO, LEON
Address	3495 HOFFMAN STREET
City-State-Zip:	PENNEY FARMS FL 32079

Title	MANAGER
Name	SABIN, PAUL
Address	3495 HOFFMAN STREET
City-State-Zip:	PENNEY FARMS FL 32079

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KATHLEEN NELSON****CHAIR****04/26/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	ASSISTANT TREASURER
Name	KNIGHT, JAMES
Address	3495 HOFFMAN STREET
City-State-Zip:	PENNEY FARMS FL 32079