# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 27, 2005 8:00 am**
**Secretary of State**
06-27-2005 90001 026 ****61.25

DOCUMENT # N42018

1. Entity Name
THE VILLAGES HOMEOWNERS ASSOC., INC. OF THE VILLAGES OF LADY LA KE

50053726

| Principal Place of Business | Mailing Address |
|---|---|
| LA HACIENDA CENTER<br>AVENIDA CENTRAL<br>LADY LAKE, FL 32159 US | BOX 1079<br>LADY LAKE, FL 32158-1079 US |

05022005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Post Office Box 1079<br>Suite, Apt. #, etc. |
| City & State | City & State: Lady Lake, FL 32158-1079 |
| Zip / Country | Zip: 32158-1079 / Country: USA |

4. FEI Number: 59-3050666 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RICHEY, STEVEN J<br>920 WEST MAIN ST.<br>LEESBURG, FL 34749 | Name: Steven J. Richey<br>Street Address (P.O. Box Number is Not Acceptable): 601 South Ninth Street<br>City: Leesburg FL Zip Code: 34748 |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MURPHY, JIM<br>9285 SE 169TH WIMBERLY PL<br>THE VILLAGES, FL 32162 | ☑ Delete | P<br>Doug Tharp<br>Post Office Box 1079<br>Lady Lake, FL 32158-1079 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BURGESS, DON<br>1994 PALO ALTO AVENUE<br>THE VILLAGES, FL 32159 | ☑ Delete | VP<br>Lu Bowen<br>Post Office Box 1079<br>Lady Lake, FL 32158-1079 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>FISHER, JOYCE<br>1226 E SCHWARTZ BLVD<br>THE VILLAGES, FL 32159 | ☐ Delete | S<br>Joyce Fisher<br>Post Office Box 1079<br>Lady Lake, FL 32158-1079 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | T<br>Don Deakin<br>Post Office Box 1079<br>Lady Lake, FL 3218-1079 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>Steve Pryor<br>Post Office Box 1079<br>Lady Lake, FL 32158-1079 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>Art Dilling<br>Post Office Box 1079<br>Lady Lake, FL 32158-1079 | ☐ Change ☒ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ Doug Tharp 5/11/05 352-750-1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #