

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90016 046 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                                                                                     |                                                                                                                                                                                                                                           |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N42018</b><br>1. Entity Name<br><b>THE VILLAGES HOMEOWNERS ASSOCIATION, INC. OF<br/>THE VILLAGES OF LAKE/MARION/SUMTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               |                                                                                     |                                                                                                                                                                                                                                           |  |  |
| Principal Place of Business<br><b>1104 MAIN ST<br/>VILLAGES, FL 32159 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               |                                                                                     | Mailing Address<br><b>1104 MAIN ST<br/>VILLAGES, FL 32159 US</b>                                                                                                                                                                          |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               | 3. Mailing Address                                                                  |                                                                                                                                                                                                                                           |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                                                                                           |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               | City & State                                                                        |                                                                                                                                                                                                                                           |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               | Country                                                                             |                                                                                                                                                                                                                                           | 03202008 Chg-NP CR2E037 (12/06)                                                   |  |
| 4. FEI Number<br><b>59-3050666</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |                                                                                     |                                                                                                                                                                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               |                                                                                     |                                                                                                                                                                                                                                           | <b>\$8.75 Additional Fee Required</b>                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RICHEY, STEVEN J.<br/>601 SOUTH 9TH STREET<br/>LEESBURG, FL 34748</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                               |                                                                                     |                                                                                                                                                                                                                                           |                                                                                   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                           | <b>\$5.00 May Be Added to Fees</b>                                                |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                               |                                                                                                                                                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>KASS, ROGER</b><br><b>1104 MAIN ST</b><br><b>THE VILLAGES, FL 32159</b>        | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP</b><br><b>KELLY, JIM</b><br><b>1104 MAIN ST</b><br><b>THE VILLAGES, FL 32159</b>        | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br><b>FISHER, JOYCE</b><br><b>1104 MAIN ST</b><br><b>THE VILLAGES, FL 32159</b>      | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>T</b><br><b>GLESSNER, RAY</b><br><b>1104 MAIN ST</b><br><b>THE VILLAGES, FL 32159</b>      | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>PRYOR, STEVE</b><br><b>1104 MAIN ST</b><br><b>THE VILLAGES, FL 32159</b>       | <input checked="" type="checkbox"/> Delete                                          |                                                                                                                                                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>DILLING, ART</b><br><b>1104 MAIN ST</b><br><b>THE VILLAGES, FL 32159</b>       | <input checked="" type="checkbox"/> Delete                                          |                                                                                                                                                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>Lucienda Bowen</b><br><b>1104 Main Street</b><br><b>The Villages, FL 32159</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                                                                                                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>Kathy Porter</b><br><b>1104 Main Street</b><br><b>The Villages, FL 32159</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                                                                                                                                                                                           |                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 617, 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 if changed, or on an attachment with an address, with all other like empowered. |                                                                                               |                                                                                     |                                                                                                                                                                                                                                           |                                                                                   |  |
| SIGNATURE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               | 4/21/2008                                                                           |                                                                                                                                                                                                                                           | 352-751-0701                                                                      |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               | Date                                                                                |                                                                                                                                                                                                                                           | Daytime Phone #                                                                   |  |