

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000035355

FILED
Jan 04, 2011
Secretary of State

Entity Name: THE VILLAGES OPERATING COMPANY

Current Principal Place of Business:

1020 LAKE SUMTER LANDING
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

1020 LAKE SUMTER LANDING
THE VILLAGES, FL 32162

New Mailing Address:

FEI Number: 20-4647826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROY, STEVEN M
1028 LAKE SUMTER LANDING
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DCP
Name: MORSE, H. GARY
Address: 1020 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162

Title: V
Name: DZURO, MARTIN L
Address: 1020 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162

Title: DVS
Name: WISE, JOHN F
Address: 1020 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162

Title: AS
Name: ROY, STEVEN M
Address: 1028 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162

Title: V
Name: DZURO, MARTIN L
Address: 1020 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162

Title: DV
Name: MOYER, GARY L
Address: 1020 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: H GARY MORSE

P

01/04/2011

Electronic Signature of Signing Officer or Director

_____ Date