SIGNATURE: KRISTEN KOLLGAARD	TREASURER

SIGNATURE: RAY LEVY

	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PRESIDENT	Title	DIRECTOR			
Name	LEVY, RAY	Name	KANYAN, RICHARD			
Address	1891 DONNELLY STREET	Address	3134 ROSWELL RD			
City-State-Zip:	MOUNT DORA FL 32757	City-State-Zip:	THE VILLAGES FL 32162			
Title	VP	Title	SECRETARY			
Name	STROUD, DANIELLE	Name	MADDOX, FRANKLIN D			
Address	2469 BROADVUE AVENUE	Address	9140 SE 171ST ARGYLL ST			
City-State-Zip:	EUSTIS FL 32726	City-State-Zip:	THE VILLAGES FL 33162			
Title	TREASURER	Title	DIRECTOR			
Name	KOLLGAARD, KRISTEN	Name	BELTON, TRACY			
Address	10211 JOANIES RUN	Address	1745 HEIM RD			
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	MOUNT DORA FL 32757			
Title	DIRECTOR	Title	DIRECTOR			
Name	DONALDSON, JACK	Name	TOBIN, DENNIS			
Address	1117 CARVELLO DRIVE	Address	3995 NEIGHBORLY WAY			
City-State-Zip:	THE VILLAGES FL 32162	City-State-Zip:	THE VILLAGE FL 32163			

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

Continues on page 2

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.

FEI Number: 68-0558944

## Name and Address of Current Registered Agent:

LEVY, RAY **1891 DONNELLY STREET** 

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003703 Entity Name: ROTARY CLUB OF THE VILLAGES-NOON, INC

# **Current Principal Place of Business:**

**1891 DONNELLY STREET** MOUNT DORA, FL 32757

### **Current Mailing Address:**

**1891 DONNELLY STREET** MOUNT DORA, FL 32757 US

MOUNT DORA, FL 32757 US

01/06/2019

Certificate of Status Desired: Yes

01/06/2019

Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

Date

### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	MCMAHON, LINDA	Name	BREDIN, BOB
Address	723 HERNANDEZ DRIVE	Address	1524 LYNCHBURG LOOP
City-State-Zip:	THE VILLAGES FL 32159	City-State-Zip:	THE VILLAGES FL 32162