

**2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N12000003703

**Entity Name:** ROTARY CLUB OF THE VILLAGES-NOON, INC

**Current Principal Place of Business:**

6049 TREMAYNE DRIVE  
MOUNT DORA, FL 32757

**Current Mailing Address:**

6049 TREMAYNE DRIVE  
MOUNT DORA, FL 32757 US

**FEI Number:** 68-0558944

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ABRAHAM, DONNY P  
6049 TREMAYNE DRIVE  
MOUNT DORA, FL 32757 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:** DONNY P. ABRAHAM

10/12/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ABRAHAM, DONNY P  
Address        6049 TREMAYNE DRIVE  
City-State-Zip: MOUNT DORA FL 32757

Title            DIRECTOR  
Name            KANYAN, RICHARD  
Address        3134 ROSWELL RD  
City-State-Zip: THE VILLAGES FL 32162

Title            VP  
Name            LEVY, RAY  
Address        1891 N. DONNELLY STREET  
City-State-Zip: MOUNT DORA FL 32757

Title            SECRETARY  
Name            MADDOX, FRANKLIN D  
Address        9140 SE 171ST ARGYLL ST  
City-State-Zip: THE VILLAGES FL 33162

Title            TREASURER  
Name            KOLLGAARD, KRISTEN  
Address        10211 JOANIES RUN  
City-State-Zip: LEESBURG FL 34748

Title            DIRECTOR  
Name            BELTON, TRACY  
Address        1745 HEIM RD  
City-State-Zip: MOUNT DORA FL 32757

Title            DIRECTOR  
Name            DONALDSON, JACK  
Address        1117 CARVELLO DRIVE  
City-State-Zip: THE VILLAGES FL 32162

Title            DIRECTOR  
Name            TOBIN, DENNIS  
Address        3995 NEIGHBORLY WAY  
City-State-Zip: THE VILLAGE FL 32163

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

**SIGNATURE:** KRISTEN KOLLGAARD

**TREASURER**

10/12/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MCPMAHON, LINDA  
Address        723 HERNANDEZ DRIVE  
City-State-Zip: THE VILLAGES FL 32159

Title           DIRECTOR  
Name           BREDIN, BOB  
Address        1524 LYNCHBURG LOOP  
City-State-Zip: THE VILLAGES FL 32162