

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H69545

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC6402390002**

**Entity Name:** INSURANCE AGENCIES OF THE VILLAGES, INC.

**Current Principal Place of Business:**

1020 LAKE SUMTER LANDING  
THE VILLAGES, FL 32162

**Current Mailing Address:**

1020 LAKE SUMTER LANDING  
THE VILLAGES, FL 32162 US

**FEI Number:** 59-2586797

**Certificate of Status Desired:** No

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MANLY, KELSEA M  
Address        1020 LAKE SUMTER LANDING  
City-State-Zip: THE VILLAGES FL 32162

Title            D  
Name            PARR, JENNIFER L  
Address        1020 LAKE SUMTER LANDING  
City-State-Zip: THE VILLAGES FL 32162

Title            VD  
Name            MATHEWS, TRACY L  
Address        1020 LAKE SUMTER LANDING  
City-State-Zip: THE VILLAGES FL 32162

Title            SECRETARY  
Name            BLAISE, LINDSEY  
Address        1020 LAKE SUMTER LANDING  
City-State-Zip: THE VILLAGES FL 32162

Title            TREASURER, ASST. SECRETARY  
Name            STOFF, KENNETH D  
Address        1020 LAKE SUMTER LANDING  
City-State-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:** KELSEA M MANLY

**PRESIDENT**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date