### 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69545

Entity Name: INSURANCE AGENCIES OF THE VILLAGES, INC.

FILED Apr 23, 2021 Secretary of State 4524718662CC

# **Current Principal Place of Business:**

3619 KIESSEL ROAD THE VILLAGES. FL 32163

## **Current Mailing Address:**

3619 KIESSEL ROAD

THE VILLAGES. FL 32163 US

FEI Number: 59-2586797 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

HUDSON, BRIAN D ESQ. 3619 KIESSEL ROAD THE VILLAGES, FL 32163 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 Title

NameMANLY, KELSEA MORSENamePARR, JENNIFER LAddress3619 KIESSEL ROADAddress3619 KIESSEL ROAD

City-State-Zip: THE VILLAGES FL 32163 City-State-Zip: THE VILLAGES FL 32163

Title **SECRETARY** Title VP, DIRECTOR Name BLAISE, LINDSEY Name DADEO, TRACY MORSE Address 3619 KIESSEL ROAD Address 3619 KIESSEL ROAD THE VILLAGES FL 32163 City-State-Zip: City-State-Zip: THE VILLAGES FL 32163

Title TREASURER, ASST. SECRETARY

Name STOFF, KENNETH D
Address 3619 KIESSEL ROAD
City-State-Zip: THE VILLAGES 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KELSEA MORSE MANLY

**PRESIDENT** 

04/23/2021