

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69545

Entity Name: INSURANCE AGENCIES OF THE VILLAGES, INC.

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
Name MANLY, KELSEA MORSE
Address 3619 KIESSEL ROAD
City-State-Zip: THE VILLAGES FL 32163

Title D
Name PARR, JENNIFER L
Address 3619 KIESSEL ROAD
City-State-Zip: THE VILLAGES FL 32163

Title VD
Name DADEO, TRACY MORSE
Address 3619 KIESSEL ROAD
City-State-Zip: THE VILLAGES FL 32163

Title SECRETARY
Name BLAISE, LINDSEY
Address 3619 KIESSEL ROAD
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

03/22/2019

Electronic Signature of Signing Officer/Director Detail

Date