

2022 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 M.
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	VP, DIRECTOR
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 M. MANLY

PRESIDENT

04/22/2022

Electronic Signature of Signing Officer/Director Detail_____
Date