

**2024 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 VP, DIRECTOR  
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

Title PRESIDENT, DIRECTOR  
Name MORSE, MARK G.  
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:** MARK G. MORSE

**PRESIDENT**

**04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date