

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032036

Entity Name: MORSE-SEMBLER VILLAGES #5, 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

FEI Number: 20-4543005

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUDSON, BRIAN D
1020 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 DP
Name MORSE, MARK G
Address 1020 LAKE SUMTER LANDING
City-State-Zip: THE VILLAGES FL 32162

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

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

Title TREASURER
Name STOFF, KENNETH D
Address 1020 LAKE SUMTER LANDING
City-State-Zip: THE VILLAGES FL 32162

Title VP
Name MOYER, GARY L
Address 1020 LAKE SUMTER LANDING
City-State-Zip: THE VILLAGES FL 32162

Title ASST. SECRETARY
Name EDDY, ROBERT D
Address 1020 LAKE SUMTER LANDING
City-State-Zip: THE VILLAGES FL 32162

Title ASST. SECRETARY
Name HUDSON, BRIAN D
Address 1020 LAKE SUMTER LANDING
City-State-Zip: THE VILLAGES FL 32162

Title VP, SECRETARY
Name MANLY, KELSEA M
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

VP

04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date