

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000035355

**FILED**  
**Apr 26, 2021**  
**Secretary of State**  
**9903617947CC**

**Entity Name:** THE VILLAGES OPERATING COMPANY

**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:** 20-4647826

**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, DIRECTOR  
Name            MORSE, MARK G.  
Address        3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title            VP  
Name            DZURO, MARTIN L.  
Address        3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

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

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

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

Title            TREASURER  
Name            STOFF, KENNETH D.  
Address        3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title            VP  
Name            CHANDLER, ROBERT L. IV  
Address        3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title            VP  
Name            MCCABE, RYAN  
Address        3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

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*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

**VICE PRESIDENT**

**04/26/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name BOONE, HARPER D.  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163