

**2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000035355

**FILED  
Jul 03, 2018  
Secretary of State  
CC7121868535**

**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.  
3617 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 DP  
Name MORSE, MARK G  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

Title V  
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 MATHEWS, TRACY L  
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 VP  
Name GOEDKEN, JASON  
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, DIRECTOR  
Name CHANDLER, ROBERT L. IV  
Address 3619 KIESSEL ROAD  
City-State-Zip: THE VILLAGES FL 32163

**Continues on page 2**

*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: ROBERT L. CHANDLER IV**

**VICE PRESIDENT**

**07/03/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name BLAISE, BRYN  
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