2018 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000036876

Entity Name: HOLDING COMPANY OF THE VILLAGES, INC.

FILED Sep 10, 2018 Secretary of State CC0813813860

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: 20-4647993 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	DIRECTOR	Title	DIRECTOR, PRESIDENT
Name	PARR, JENNIFER L	Name	MORSE, MARK G
Address	3619 KIESSEL ROAD	Address	3619 KIESSEL ROAD
City-State-Zip:	THE VILLAGES FL 32163	City-State-Zip:	THE VILLAGES FL 32163

Title DIRECTOR Title VP, SECRETARY

NameMATHEWS, TRACY LNameMANLY, KELSEA MORSEAddress3619 KIESSEL ROADAddress3619 KIESSEL ROADCity-State-Zip:THE VILLAGES FL 32163City-State-Zip: THE VILLAGES FL 32163

Title TREASURER Title VP, DIRECTOR

NameSTOFF, KENNETH DNameCHANDLER, ROBERT L IVAddress3619 KIESSEL ROADAddress3619 KIESSEL ROADCity-State-Zip:THE VILLAGES FL 32163City-State-Zip:THE VILLAGES FL 32163

Title VP Title VP

NameBLAISE, BRYNNameMCCABE, RYANAddress3619 KIESSEL ROADAddress3619 KIESSEL ROADCity-State-Zip:THE VILLAGES FL 32163City-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: KELSEA MORSE MANLY

VICE PRESIDENT

09/10/2018

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