

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036876

Entity Name: HOLDING COMPANY 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: 20-4647993****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	DIRECTOR
Name	PARR, JENNIFER L.
Address	3619 KIESSEL ROAD
City-State-Zip:	THE VILLAGES FL 32163

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

Title	VP
Name	BOONE, HARPER D.
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: KELSEA MORSE MANLY**VICE PRESIDENT****03/23/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date