

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000003746

**FILED**  
**Mar 24, 2015**  
**Secretary of State**  
**CC4372545762**

**Entity Name:** THE VILLAGES WATER CONSERVATION AUTHORITY, L.L.C.

**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: 59-3732876**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROY, STEVEN M  
1028 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

**Authorized Person(s) Detail :**

Title MGR  
Name THE VILLAGES OPERATING COMPANY  
Address 1020 LAKE SUMTER LANDING  
City-State-Zip: THE VILLAGES FL 32162

Title PRESIDENT  
Name MORSE, MARK G  
Address 1020 LAKE SUMTER LANDING  
City-State-Zip: THE VILLAGES FL 32162

Title ASST. SECRETARY  
Name WISE, JOHN F  
Address 1020 LAKE SUMTER LANDING  
City-State-Zip: THE VILLAGES FL 32162

Title ASST. SECRETARY  
Name ROY, STEVEN M  
Address 1028 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 TREASURER  
Name BROOKS, W. THOMAS  
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

Title ASST. TREASURER  
Name STOFF, KEN  
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARK G MORSE**

**PRESIDENT**

**03/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date