

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003746

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

FILED
Apr 26, 2016
Secretary of State
CC1978277144

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 VP
Name MOYER, GARY L
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 TREASURER
Name STOFF, KENNETH D
Address 1020 LAKE SUMTER LANDING
City-State-Zip: THE VILLAGES FL 32162

Title ASST. SECRETARY
Name EDDY, ROBERT D
Address 1020 LAKE SUMTER LANDING
City-State-Zip: THE VILLAGES FL 32162

Title ASST. SECRETARY
Name HUDSON, BRIAN D
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: KELSEA M MANLY

VP

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date