

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000098006

**Entity Name:** SUMTER WATER CONSERVATION AUTHORITY, LLC

**Current Principal Place of Business:**

1020 LAKE SUMTER LANDING  
THE VILLAGES, FL 32162

**Current Mailing Address:**

1020 LAKE SUMTER LANDING  
THE VILLAGES, FL 32162 US

**FEI Number: 20-8937860**

**Certificate of Status Desired: No**

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

HUDSON, BRIAN D. ESQ.  
1020 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, SECRETARY  
Name MANLY, KELSEA MORSE  
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  
Name DZURO, MARTIN L  
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

*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 MORSE MANLY**

**VP - VOC/MANAGER**

**03/24/2018**

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

\_\_\_\_\_  
Date