

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725901

FILED
Mar 30, 2007
Secretary of State

Entity Name: THE VILLAGES, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-1542951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434, STE. 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: GARVIN, TERI
Address: 565 E ORANGE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 327012606

Title: TD () Delete
Name: POWERS, MARY
Address: 561 E ORANGE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 327012606

Title: VPD () Delete
Name: HANSELL, EARL
Address: 545 EAST ORANGE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: BABB, SHELLANE
Address: 547 E ORANGE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: PD () Delete
Name: JOHNSON, LAURIE
Address: 549 E ORANGE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BABB, SHELLANE
Address: 547 E ORANGE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 327012606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALBINO, ANTHONY
Address: 557 E ORANGE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE JOHNSON

PD

03/30/2007

Electronic Signature of Signing Officer or Director

Date