

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725901

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE VILLAGES, INC.

Current Principal Place of Business:

565 E ORANGE STREET
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

565 E ORANGE STREET
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

P.O. BOX 150294
ALTAMONTE SPRINGS, FL 32715 US

FEI Number: 59-1542951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARVIN, TERI
565 E. ORANGE STREET
2180 W SR 434, STE. 5000
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

HANSELL, EARL
545 E. ORANGE ST.
ALTAMONTE SPRINGS, FL 32701 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: EARL HANSELL

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: SD () Delete
Name: BABB, SHELLANE
Address: 547 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: TD () Delete
Name: ALBINO, ANTHONY
Address: 557 E ORANGE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: HANSELL, EARL
Address: 545 E ORANGE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 327012606

Title: VPD (X) Change () Addition
Name: KING, JACK
Address: 535 EAST ORANGE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY ALBINO

TD

04/30/2008

Electronic Signature of Signing Officer or Director

Date