2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# 725901

Entity Name: THE VILLAGES, INC.

Current Principal Place of Business:

565 E ORANGE STREET
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

545 E ORANGE STREET
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

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

HANSELL, EARL
545 E. ORANGE ST.
ALTAMONTE SPRINGS, FL 32701 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: PD ( ) Delete
Name: HANSELL, EARL
Address: 545 E ORANGE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 327012606

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: TERI GARVIN SDT 03/30/2009
Electronic Signature of Signing Officer or Director Date