


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734394** (0)  
1. Corporation Name  
**PROPERTY OWNERS' ASSOCIATION OF THE VILLAGES, INC**

Principal Place of Business <b>1621 LAUREN LANE LADY LAKE FL 32159 US</b>	Mailing Address <b>1621 LAUREN LANE LADY LAKE FL 32158-1657 US</b>
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3. Date Incorporated or Qualified <b>11/20/1975</b>	
4. FEI Number <b>59-1860432</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 608 Lisbon Lane</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Lady Lake, FL</b> Zip <b>24 32159</b>	2a. Mailing Address <b>26 P.O. BX 1657</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Lady Lake, FL</b> Zip <b>29 32158</b>	Country <b>25 US</b>	Country <b>30 US</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MILLHORN, MICHAEL D  
10935 SE 177TH PLACE, SUITE 204  
SUMMERFIELD FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HOKR, DOROTHY
STREET ADDRESS	1621 LAUREN LANE
CITY-ST-ZIP	LADY LAKE FL
TITLE	V
NAME	GOTTFRIED JOE
STREET ADDRESS	920 RAMOS DR
CITY-ST-ZIP	LADY LAKE FL
TITLE	T
NAME	MENCI, CAROL
STREET ADDRESS	908 RAMOS DR
CITY-ST-ZIP	LADY LAKE, FL 00000
TITLE	S
NAME	KOPE CAROL
STREET ADDRESS	608 LISBON LANE
CITY-ST-ZIP	LADY LAKE FL
TITLE	D
NAME	CARTER PATRICIA
STREET ADDRESS	1859 WEST SCHWARTZ BLVD
CITY-ST-ZIP	LADY LAKE FL
TITLE	D
NAME	HENRETTA, NORMA
STREET ADDRESS	1203 PANAMA PLACE
CITY-ST-ZIP	LADY LAKE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P
1.2 NAME	Gottfried, Jos.
1.3 STREET ADDRESS	920 Ramos Dr
1.4 CITY-ST-ZIP	Lady Lake, FL. 32159
2.1 TITLE	VP
2.2 NAME	Shook, Winthrop
2.3 STREET ADDRESS	1598 Doral Circle
2.4 CITY-ST-ZIP	Lady Lake, FL. 32159
3.1 TITLE	T
3.2 NAME	Renner, Frank
3.3 STREET ADDRESS	601 Lisbon La
3.4 CITY-ST-ZIP	Lady Lake, FL. 32159
4.1 TITLE	S
4.2 NAME	Kope, Carol
4.3 STREET ADDRESS	608 Lisbon La
4.4 CITY-ST-ZIP	Lady Lake, FL. 32159
5.1 TITLE	D
5.2 NAME	Lathom, Chas.
5.3 STREET ADDRESS	1209 Panama Pl
5.4 CITY-ST-ZIP	Lady Lake, FL., 32159
6.1 TITLE	D
6.2 NAME	Moulton, Richard
6.3 STREET ADDRESS	712 Camelia Crt
6.4 CITY-ST-ZIP	Lady Lake, FL. 32159

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*JOSEPH GOTTFRIED* 1/30/98 352-750-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 352-750-1141

CR2E037 (10/97)