

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90016 030 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734394

1. Corporation Name

PROPERTY OWNERS' ASSOCIATION OF THE VILLAGES, INC

Principal Place of Business

608 LISBON LN
LADY LAKE FL 32159
US

Mailing Address

P O BOX 1657
LADY LAKE FL 32158
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/20/1975

4. FEI Number

59-1860432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

FL

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 ☐ DELETE
NAME P
STREET ADDRESS GOTTFRIED, JOS
CITY-ST-ZIP 920 RAMOS DR
LADY LAKE FL 32159

TITLE ☐ DELETE
NAME VP
STREET ADDRESS SHOOK, WINTHROP
CITY-ST-ZIP 1598 DORAL CIR
LADY LAKE FL 32159

TITLE ☐ DELETE
NAME T
STREET ADDRESS RENNER, FRANK
CITY-ST-ZIP 601 LISBON LN
LADY LAKE FL 32159

TITLE ☐ DELETE
NAME S
STREET ADDRESS KOPE, CAROL
CITY-ST-ZIP 608 LISBON LN
LADY LAKE FL 32159

TITLE ☐ DELETE
NAME D
STREET ADDRESS LATHOM, CHARLES
CITY-ST-ZIP 1209 PANAMA PL
LADY LAKE FL 32159

TITLE ☐ DELETE
NAME D
STREET ADDRESS MOULTON, RICHARD
CITY-ST-ZIP 712 CAMELIA CT
LADY LAKE FL 32159

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME P
1.3 STREET ADDRESS GOTTFRIED JOSEPH
1.4 CITY-ST-ZIP 920 RAMOS DR LADY LAKE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME VP
2.3 STREET ADDRESS SHOOK WINTHROP
2.4 CITY-ST-ZIP 1598 DORAL CIR
LADY LAKE FL 32159

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME D
3.3 STREET ADDRESS RENNER FRANK
3.4 CITY-ST-ZIP 601 LISBON LN
LADY LAKE FL 32159

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME S
4.3 STREET ADDRESS KOPE CAROL
4.4 CITY-ST-ZIP 608 LISBON LN
LADY LAKE FL 32159

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME D
5.3 STREET ADDRESS DAY RUSSELL
5.4 CITY-ST-ZIP 602 SAN PEDRO DR
LADY LAKE FL 32159

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME D
6.3 STREET ADDRESS MOULTON MICHAEL
6.4 CITY-ST-ZIP 712 CAMELIA CT
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, with all other like empowered.

SIGNATURE:

Signature of Joseph Gottfried
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH GOTTFRIED PRES.

1/14/99 (352) 750-1141
Date Daytime Phone #

CR2E037 (11/98)