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2005 NOT-FOR-PROFIT CORPORA ANNUAL REPORT	TION	Apr 11, 2005 8:00 Secretary of Stat		
OCUMENT # 734394 Entity Name ROPERTY OWNERS'ASSOCIATION OF THE VILLAGES,		04-11-2005 90191 002 ****61.25		

INC.	TY OWNERS'ASSOCIATIO	IN OF THE VILLAGES					B.II.	
Principal Place 1203 AUGUS LADY LAKE, I	TINE DRIVE	Mailing Address P O BOX 1657 LADY LAKE, FL 32158	US				5003	6543
0.00		La Mailian Address						
2. Principal P	lace of Business	3. Mailing Address			189111 19898 11111 1		JI BIBTI ALBIY BIBTI BI	BILLET DE CORE
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04052005 Cr	ng-NP CR2	E037 (10/03)	
City & State	0	City & State			4. FEI Number 59-186043	2		pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of St.	atus Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent		=	7Name and Add	ress of New Register	ed Agent	
MILLHORI	N, MICHAEL D	•	Name					
10935 SE SUMMERI	177TH PLACE, SUITE 204 FIELD, FL		Street A	ddress (F	2.0, Box Number is f	Not Acceptable)		
		•						
	•		City				EL Zip Cod	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	egistered office or	r registere	ed agent, or both, in	the State of Florida. I	am familiar with	, and accept
	4- 4							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signat.	ure required :	when reinstating)	ĐA	ΤE	
:	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees		eck payable to partment of S	
10.	Due by May 1, 2005 OFFICERS AND DI	Trust Fund Co	ntribution.	A			partment of S	N 10
TITLE	Due by May 1, 2005 OFFICERS AND DIE	Trust Fund Co	ntribution.	D	DDITIONS/CHANG	Florida De	partment of S	State
	Due by May 1, 2005 OFFICERS AND DI	Trust Fund Co	ntribution.	D. Kil 213	DDITIONS/CHANGI GORE, Ric 8 ESCOB	Florida De ES TO OFFICERS AND HARD AR AUE,	partment of S	N 10
TITLE NAME	P GORMAN, JOE 1203 AUGUSTINE DR LADY LAKE, FL 32159	Trust Fund Co	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	D. Kil 213	DDITIONS/CHANGI GORE, Ric 8 ESCOB	Florida De	partment of S DIRECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P GORMAN, JOE 1203 AUGUSTINE DR LADY LAKE, FL 32159	Trust Fund Co	11. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE	D Kil 213 LAO	ODITIONS/CHANGI GORE, Ric 8 ESCOB Y LAKE, I	Florida De ESTO OFFICERS AND HARD AR AUE, FL 32159	partment of S	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORMAN, JOE 1203 AUGUSTINE DR LADY LAKE, FL 32159	Trust Fund Co	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	D Kil 213 LAO	ODITIONS/CHANGI GORE, Ric 8 ESCOB Y LAKE, I	Florida De ESTO OFFICERS AND HARD AR AUE, FL 32159	partment of S DIRECTORS IN Change	N 10 Addition
IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P GORMAN, JOE 1203 AUGUSTINE DR LADY LAKE, FL 32159 T GARNER, BILL 601 CATALINA CT. LADY LAKE, FL 32159	Trust Fund Co	11. IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	D. KIL 213 LAO KUT, 749	DOITIONS/CHANGI GORE, Ric 8 ESCOB Y LAKE, I 1 YAK, MA 1 EVELYM	Florida De ESTO OFFICERS AND HARD AR AUE, FL 32159	DIRECTORS IN Change	N 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P GORMAN, JOE 1203 AUGUSTINE DR LADY LAKE, FL 32159 T GARNER, BILL 601 CATALINA CT. LADY LAKE, FL 32159 S	Trust Fund Co	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. KIL 213 LAO D KUT, 749 LAO	DOITIONS/CHANGI GORE, Ric 8 ESCOB Y LAKE I YAK, MA 1 EVELYN DY LAKE	Florida De ESTO OFFICERS AND HARD AR AVE, FL 32159 RTY De. , FL 321	DIRECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORMAN, JOE 1203 AUGUSTINE DR LADY LAKE, FL 32159 T GARNER, BILL 601 CATALINA CT. LADY LAKE, FL 32159	Trust Fund Co	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP	D KIL 213 LAO D KUT, 749 LAO	DOITIONS/CHANGI GORE, Ric 8 ESCOB Y LAKE I 1 YAK, MA 1 EVELYM DY LAKE SINTER J	Florida De ESTO OFFICERS AND HARD AR AUE, FL 32159 RTY De. FL 321	DIRECTORS IT Change Change Change	N 10 Addition Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other tike empowered.

SIGNATURE: MICHAN, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR