

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90191 002 \*\*\*\*61.25

**DOCUMENT # 734394**

1. Entity Name  
**PROPERTY OWNERS' ASSOCIATION OF THE VILLAGES,  
INC.**



Principal Place of Business  
**1203 AUGUSTINE DRIVE  
LADY LAKE, FL 32159 US**

Mailing Address  
**P O BOX 1657  
LADY LAKE, FL 32158 US**

**30056049**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-1860432**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	GORMAN, JOE	1203 AUGUSTINE DR	LADY LAKE, FL 32159	<input type="checkbox"/>
T	GARNER, BILL	601 CATALINA CT.	LADY LAKE, FL 32159	<input type="checkbox"/>
S	PAULSBOE, MARY	2010 PALO ALTO AVENUE	LADY LAKE, FL 32159	<input type="checkbox"/>
D	CACIOPPO, PETER	1306 CAMERO DRIVE	LADY LAKE, FL 32159	<input type="checkbox"/>
D	SNYDER, W M	1221 AUGUSTINE DR	LADY LAKE, FL 32159	<input checked="" type="checkbox"/>
D	CHESHIRE, DOROTHY	1507 E SCHWARTZ BLVD.	LADY LAKE, FL 32159	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	KILGORE, RICHARD	2138 ESCOBAR AVE,	LADY LAKE, FL 32159	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A	KUTNYAK, MARTY	749 EVELYN DR.	LADY LAKE, FL 32162	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A	REENTER, JEANNE	1530 W. SCHWARTZ BLVD.	LADY LAKE, FL 32159	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A	YEDWAB, IRVING	1015 DEL MAR DR.	LADY LAKE, FL 32159	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 like empowered.

SIGNATURE:

*J.B. Gorman*

**J.B. GORMAN, PRESIDENT**

**4/5/05 352-259-0999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #