

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90307 032 ****61.25

DOCUMENT # 734394

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



Principal Place of Business

~~408 MARK DR.~~
~~LADY LAKE FL 32159~~
~~US~~

Mailing Address

P O BOX 1657
LADY LAKE FL 32158
US

2. Principal Place of Business

1203 AUGUSTINE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LADY LAKE

City & State

Zip

FL

Country

32159

Zip

Country

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

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

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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

TITLE	S	<input type="checkbox"/> Delete
NAME	GORMAN, JOE	
STREET ADDRESS	1203 AUGUSTINE DR	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHOOK, WINTHROP	
STREET ADDRESS	1598 DORAL CIR	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	POSS, CHARLOTTE	
STREET ADDRESS	408 MARK DR	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MONICA, CARTER	
STREET ADDRESS	2590 ACOSTA CT	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNYDER, W M	
STREET ADDRESS	1221 AUGUSTINE DR	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RENNER, FRANK	
STREET ADDRESS	601 LISBON LN	
CITY-ST-ZIP	LADY LAKE FL 32159	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY CUNNINGHAM	
STREET ADDRESS	707 HEATHROW AVE	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY PAULSBOE	
STREET ADDRESS	2010 PALO ALTO AVE	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER CACIOPPO	
STREET ADDRESS	1306 CAMERO DR	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY CHESHIRE	
STREET ADDRESS	1507 E. SCHWARTZ BLD	
CITY-ST-ZIP	LADY LAKE, FL 32159	

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

PRESIDENT

4/15/03

352-259-0999

CR2E037 (10/02)