## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002871

Entity Name: THE VILLAGES COMPUTER CLUB, INC.

FILED Feb 07, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2102 MARGARITA DR LADY LAKE, FL 32159 **Current Mailing Address: New Mailing Address:** 2102 MARGARITA DR LADY LAKE, FL 32159 FEI Number: 59-3596887 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICHEY, STEVEN J ESQ. P. O. BÓX 492460 LEESBURG, FL 347492460 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KRAFT, JOHN C Name: Name: 2102 MARGARITA DR Address: Address: City-St-Zip: LADY LAKE, FL 32159 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: YUZZI, EVELYN Name: Address: 519 DELMAR DRIVE Address: City-St-Zip: LADY LAKE, FL 32159 City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition JOHNSTON, MARILYN Name: HAMILTON, DAVID Name: 854 SILVER OAK AVE 1131 CHAPARRAL DR Address: Address: City-St-Zip: LADY LAKE, FL 32159 City-St-Zip: LADY LAKE, FL 32159 Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: WOLKING, WILLIAM Name: THOMPSON, EDWARD 1709 ENRIQUE DRIVE Address: Address: 196 PALEMRO PL City-St-Zip: LADY LAKE, FL 32159 City-St-Zip: LADY LAKE, FL 32159

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. KRAFT PD 02/07/2004