

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90022 029 \*\*\*\*61.25

**DOCUMENT # N01000006185**

1. Entity Name  
**ROTARY CLUB OF THE VILLAGES FOUNDATION, INC.**



Principal Place of Business  
**1048 LAKE SUMTER LANDING  
THE VILLAGES, FL 32162**

Mailing Address  
**P.O. BOX 1645  
LADY LAKE, FL 32158-1645**



01142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3750165**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**SMITH, CHARLES H SR.  
1048 LAKE SUMTER LANDING  
THE VILLAGES, FL 32162**

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, 2008**

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  
**D  
CHERUBINI, EARL  
603 ORTEGA WAY  
THE VILLAGES, FL 32159** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOFFMAN, RICHARD  
1317 SANTA MARIA AVE  
THE VILLAGES, FL 32159** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FRANK, JAMES  
505 CARRERA DR.  
THE VILLAGES, FL 32159** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SEMENTA, DANIEL  
1204 LA PALOMA PL.  
THE VILLAGES, FL 32159** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WAHL, PETER F  
2017 ALLENDE AVENUE  
THE VILLAGES, FL 32159** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RICHARDS, EVAN  
2131 GERARDO  
THE VILLAGES, FL 32159** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
GREEN, C GEORGE  
807 BOLIVAR ST  
THE VILLAGES, FL 32159** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CURRY, WALTER  
9830 SE 174TH PLACE RD  
SUMMERFIELD, FL 34491** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DECKER, CHARLES  
312 SAN MARINO DRIVE  
THE VILLAGES, FL 32159** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SUMMERFIELD, JAN  
4318 CR 125D  
WILKWOOD FL 34785** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SMITH, CHARLES H SR.  
1530 ST JAMES CIRCLE  
THE VILLAGE, FL 32162** ☐ Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 data empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Charles H. Smith*

Date

Daytime Phone #

*1/14/08 352-753-8505*