


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90023 006 ****61.25

DOCUMENT # N01000006903

1. Entity Name
THE VILLAGES MUSICAL COMPANY



Principal Place of Business
 1762 W SCHWARTZ BLVD
 LADY LAKE, FL 32159

Mailing Address
 1762 W SCHWARTZ BLVD
 LADY LAKE, FL 32159



2. Principal Place of Business
1720 HILTON HEAD BLVD.

3. Mailing Address
1720 HILTON HEAD BLVD.

Suite, Apt. #, etc.

04092004 Chq-NF CR2EG37 (10/03)

City & State
LADY LAKE

City & State
LADY LAKE

4. FEI Number
59-3738852

Applied For
 Net Applicable

Zip
32159

Country
USA

Zip
32159

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GREENFIELD, CAROL —
1782 W SCHWARTZ BLVD
LADY LAKE, FL 32159

7. Name and Address of New Registered Agent

Name
LEGGIERO, RAYMOND

Street Address (P.O. Box Number is Not Acceptable)
1720 HILTON HEAD BLVD

City
LADY LAKE

State
FL

Zip Code
32159

I, the above named entity submit 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 Raymond Leggiero 4/10/04

Signature of person or persons named as registered agent or as a shareholder (NOTE: Registered Agent signature is required when transferring) DATE

Filing Fee is \$81.25 Due by May 1, 2004

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	PD GREENFIELD, CAROL 1782 W SCHWARTZ BLVD LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER, DIRECTOR LEGGIERO, RAYMOND 1720 HILTON HEAD BLVD LADY LAKE, FL 32159 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOORUM, DIANE 1842 W SCHWARTZ BLVD LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TONY BATTAGNA 2507 PIRANNA DR. LADY LAKE, FL 32159 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EDIE LOS 2010 CIPRIANO LADY LAKE, FL 32159 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LOUIS LAVELLE 1303 LAURELS LANE LADY LAKE, FL 32159 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DEN VOLKMAN 623 ESPIANA LADY LAKE, FL 32159 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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: Raymond Leggiero 4/10/04 352) 751-0221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typing Phone #)

RAYMOND LEGGIERO