

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/26
FILED
May 21, 2004 8:00 am
Secretary of State

04-26-2004 90510 005 ****61.25

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03022004 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000010738					
1. Entity Name THE VILLAGES PARROT HEAD CLUB, INC.					
Principal Place of Business 2613 AYALA WAY THE VILLAGES, FL 32162			Mailing Address 2613 AYALA WAY THE VILLAGES, FL 32162		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0503184	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOENECKE, ROBERT W 2613 AYALA WAY THE VILLAGES, FL 32162				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 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	P MACDOUGALL, DAVID 1411 FORTALESA DR THE VILLAGES, FL 32162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Rec Allen BROSS 9238 SE 171ST Cooper Loop, The Villages, FL 32162 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HOENECKE, ROBERT W 2613 AYALA WAY THE VILLAGES, FL 32162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR BROSS, SUSAN 9238 SE 171ST COOPER LOOP THE VILLAGES, FL 32162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: Robert W. Hoenecke			4-20-2004 352-751-0668		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		