


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90110 006 ****61.25

DOCUMENT # N04000009631	
1. Entity Name THE VILLAGES DEUTSCHER CLUB, INC.	

Principal Place of Business 2441 AFTON AVE THE VILLAGES FL 32162-6317	Mailing Address 2441 AFTON AVE THE VILLAGES FL 32162-6317
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 43-2063183	Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEYBOLD, THEODORE A 2441 AFTON AVE THE VILLAGES FL 32162-6317	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 NAME STREET ADDRESS CITY ST / ZIP	VP FIEDLER, KARL 1227 ADDISON AVE THE VILLAGES FL 32162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	CS SHARP, HELGA 776 ALCOTT AVE THE VILLAGES FL 32162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	S KLIMACH, IRMELA 1201 OAK FOREST THE VILLAGES FL 32162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	T TOBIN, MARION E 728 VISTA PLACE LADY LAKE FL 32159 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	D KNOCK, GISELA 312 DEL MAR DR THE VILLAGES FL 32159 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	D DONNER, JIM 17391 SE 89TH DEER RUN AVE THE VILLAGES FL 32162 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST / ZIP	P THEODORE A. SEYBOLD 2441 AFTON AVE. THE VILLAGES FL 32162-6317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	D FRANK MADAY 17272 SE 85TH WILLOWICK CIR THE VILLAGES FL 32162 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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 like empowered.

SIGNATURE: *Theodore A Seybold* 1-29-07 352-259-6073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #