

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010183

FILED  
Jan 24, 2012  
Secretary of State

**Entity Name:** BANDS OF THE VILLAGES, INC.

**Current Principal Place of Business:**

3145 HILLSIDE LANE  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

3145 HILLSIDE LANE  
THE VILLAGES, FL 32162

**New Mailing Address:**

**FEI Number:** 27-4023414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BUTLER, JEAN  
3145 HILLSIDE LANE  
THE VILLAGES, FL 32162 US

**Name and Address of New Registered Agent:**

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:**

**Title:** C  
**Name:** MILLER, LINDA  
**Address:** 3658 AUBURNDALE AVE  
**City-St-Zip:** THE VILLAGES, FL 32162

**Title:** VCT  
**Name:** WHALEN, DAVID L  
**Address:** 1525 BLEASE LOOP  
**City-St-Zip:** THE VILLAGES, FL 32162

**Title:** S  
**Name:** SYMICEK, JAN  
**Address:** 416 CARRERA DR  
**City-St-Zip:** THE VILLAGES, FL 32162

**Title:** D  
**Name:** BUTLER, JEAN  
**Address:** 3145 HILLSIDE LANE  
**City-St-Zip:** THE VILLAGES, FL 32162

**Title:** D  
**Name:** GREEN, WARD  
**Address:** 601 HARTLEY PLACE  
**City-St-Zip:** THE VILLAGES, FL 32162

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID L. WHALEN

VC/T

01/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date