


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 10 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b> ,<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N97000001577 (2)**

1. Corporation Name

**THE VILLAGES FOUNDATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>1100 MAIN STREET<br/>LADY LAKE FL 32159</b> | Mailing Address<br><b>1100 MAIN STREET<br/>LADY LAKE FL 32159</b> |
|---|---|

|  |
|--|
| 3. Date Incorporated or Qualified<br><b>03/17/1997</b> |
|--|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3434008</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|  |
|--|
| 9. Name and Address of Current Registered Agent<br><b>BURNSSED, R. DEWEY<br/>1100 MAIN STREET<br/>LADY LAKE FL 32159</b> |
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|--|
| 10. Name and Address of New Registered Agent                                 |
| 81 Name  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>800002586168</b> |
| 83 City<br><b>-07/13/98--01043--002</b>                                      |
| 84 Zip Code<br><b>***8.75</b>  |
| 85   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>PD MORSE, SHARON S</b>                  |
| STREET ADDRESS             | <b>1100 MAIN STREET</b>                    |
| CITY-ST-ZIP                | <b>LADY LAKE FL 32159</b>                  |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>TD BROOKS, W. THOMAS</b>                |
| STREET ADDRESS             | <b>206 NORTH THIRD STREET</b>              |
| CITY-ST-ZIP                | <b>LEESBURG FL 34748</b>                   |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       | <b>SD MARTIN, LINDA J</b>                  |
| STREET ADDRESS             | <b>P.O. BOX 36</b>                         |
| CITY-ST-ZIP                | <b>MINNEOLA FL 34755</b>                   |
| TITLE                      | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>V ROY, STEVEN R</b>                     |
| STREET ADDRESS             | <b>C/O 1100 MAIN STREET</b>                |
| CITY-ST-ZIP                | <b>LADY LAKE FL 32159</b>                  |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> DELETE            |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  | <b>PD MORSE, Sharon S.</b>   |
| 1.3 STREET ADDRESS                                    | <b>1100 Main Street</b>  |
| 1.4 CITY-ST-ZIP                                       | <b>Lady Lake, FL 32159</b>   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  | <b>TD Brooks, W. Thomas</b>  |
| 2.3 STREET ADDRESS                                    | <b>206 North Third St</b>  |
| 2.4 CITY-ST-ZIP                                       | <b>Leesburg, FL 34748</b>  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  | <b>SD Martin, Linda J</b>  |
| 3.3 STREET ADDRESS                                    | <b>1100 main street</b>  |
| 3.4 CITY-ST-ZIP                                       | <b>Lady Lake, FL 32159</b>   |
| 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  | <b>Drake, Stephen</b>  |
| 4.3 STREET ADDRESS                                    | <b>1100 main street</b>  |
| 4.4 CITY-ST-ZIP                                       | <b>Lady Lake, FL 32159</b>   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME  | <b>SD Vickie Hargan</b>  |
| 5.3 STREET ADDRESS                                    | <b>1100 main street</b>  |
| 5.4 CITY-ST-ZIP                                       | <b>Lady Lake, FL 32159</b>   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  | <b>800002586168</b>  |
| 6.3 STREET ADDRESS                                    | <b>-07/13/98--01043--001</b>   |
| 6.4 CITY-ST-ZIP                                       | <b>***61.25</b>  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Linda J Martin** **1622 G R (am) 750 1885**

CR2E037 (1097)