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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S30361** **(7)**

1. Corporation Name
PROPERTIES OF THE VILLAGES, INC.

Principal Place of Business	Mailing Address
~~1200 AVENIDA CENTRAL~~ LADY LAKE FL 32159	~~1200 AVENIDA CENTRAL~~ LADY LAKE FL 32159

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
02/07/1991	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1100 MAIN STREET	26 1100 MAIN STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LADY LAKE, FLORIDA	City & State 28 LADY LAKE, FLORIDA
Zip / County 24 32159 / 25 U.S.A.	Zip / County 29 32159 / 30 U.S.A.

4. FEI Number **59-3048888** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MORSE, GARY~~ ~~1200 AVENIDA CENTRAL~~ ~~LADY LAKE FL 32159~~	81 Name: R.DEWEY BURNSED 82 Street Address (P.O. Box Number is Not Acceptable): McLIN BURNSED, MORRISON, JOHNSON & ROBUCK 83: 1100 MAIN STREET, SUITE 211 84 City: LADY LAKE, FL 85 Zip Code: 32159

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ R. Dewey Burnsed 04-18-95
Signature, Name (Printed) and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~BARR, JENIFER~~	1.2 NAME	Jennifer Parr	
STREET ADDRESS	1200 AVENIDA CENTRAL	1.3 STREET ADDRESS	1100 Main Street	
CITY-ST-ZIP	LADY LAKE FL	1.4 CITY-ST-ZIP	Lady Lake, Florida 32159	
TITLE	VSD	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	MORSE, H. GARY	2.2 NAME	H. Gary Morse	
STREET ADDRESS	~~1200 AVENIDA CENTRAL~~	2.3 STREET ADDRESS	1100 Main Street	
CITY-ST-ZIP	LADY LAKE FL	2.4 CITY-ST-ZIP	Lady Lake, Florida 32159	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	WISE, JOHN F.	3.2 NAME	John F. Wise	
STREET ADDRESS	~~1200 AVENIDA CENTRAL~~	3.3 STREET ADDRESS	1100 Main Street	
CITY-ST-ZIP	LADY LAKE FL	3.4 CITY-ST-ZIP	Lady Lake,Florida 32159	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John F. Wise John F. Wise 4-18-95 (904) 753-6270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0018813 CP