

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010738

Entity Name: THE VILLAGES PARROT HEAD CLUB, INC.**Current Principal Place of Business:**449 INGLESIDE DRIVE
THE VILLAGES, FL 32162**Current Mailing Address:**449 INGLESIDE DRIVE
THE VILLAGES, FL 32162 US**FEI Number:** 20-0503184**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE VILLAGES PARROT HEADS CLUB, INC.
449 INGLESIDE DRIVE
THE VILLAGES, FL 32162 US*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:** LEE CARON

02/06/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name MACLEOD, LISA
Address 1216 LAPALOMA PLACE
City-State-Zip: THE VILLAGES FL 32159

Title PRESIDENT
Name WOODLAND, MARK
Address 1407 OLUSTEE PLACE
City-State-Zip: THE VILLAGES FL 32163

Title SECRETARY
Name PURDY, KATHI
Address 3382 CASTLEGATE COURT
City-State-Zip: THE VILLAGES FL 32163

Title TRUS
Name BERDASH, JACI
Address 794 EAGLEMONT
City-State-Zip: THE VILLAGES FL 32162

Title TRUS
Name HERRING, MARSHA
Address 2202 BEN HOGAN PLACE
City-State-Zip: THE VILLAGES FL 32162

Title TREASURER
Name BEIL, BARBARA
Address 449 INGLESIDE DRIVE
City-State-Zip: THE VILLAGES FL 32162

Title MEMBERSHIP CHAIR
Name MENARD, BONNIE
Address 1483 WALNUT WAY
City-State-Zip: THE VILLAGES FL 32163

Title TRUSTEE
Name SHIMP, ALAN
Address 2422 GAMMON COURT
City-State-Zip: THE VILLAGES FL 32162

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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: BARBARA BEIL**TREASURER**

02/06/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TRUSTEE
Name	HUGHES, SHEILA
Address	1674 ORR TERRACE
City-State-Zip:	THE VILLAGES FL 32162