#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010738

Entity Name: THE VILLAGES PARROT HEAD CLUB, INC.

FILED
Jan 29, 2017
Secretary of State
CC1516914868

## **Current Principal Place of Business:**

2140 DARWIN

THE VILLAGES, FL 32162

### **Current Mailing Address:**

PO BOX 52

OXFORD, FL 34484 00

FEI Number: 20-0503184 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

THE VILLAGES PARROT HEADS CLUB, INC.

2140 DARWIN

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 01/29/2017

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	SECR	Title	PRESIDENT
Name	HOLLISTER, LORI	Name	CARON, LEE
Address	2613 DARTFORD TERRACE	Address	2140 DARWIN

City-State-Zip: THE VILLAGES FL 32162 City-State-Zip: THE VILLAGES FL 32162

Title VP Title TRUS

Name STONE, WILL Name TITUS, REN

Address 2467 SALUDA STREET Address 3256 HOPEWELL STREET

City-State-Zip: THE VILLAGES FL 32162 City-State-Zip: THE VILLAGES FL 32162

Title TRUS Title TREASURER

Name O'NEAL, ROBERT Name BROWN, GERALD

Address 1457 HONEA WAY Address 2338 CAMPOBELLO TERRACE

City-State-Zip: THE VILLAGES FL 32162 City-State-Zip: THE VILLAGES FL 32162

Title MEMBERSHIP CHAIR Title TRUSTEE

NameHARRIS, JULIENameLARSON, STEVEAddress2152 DORST LAMEAddress2078 ALLURE LOOP

City-State-Zip: THE VILLAGES FL 32162 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: GERALD BROWN TREASURER 01/29/2017

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title TRUSTEE

Name TODD, CHARLES

Address 2489 HEATH SPRINGS DR City-State-Zip: THE VILLAGES FL 32162