

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010738

Entity Name: THE VILLAGES PARROT HEAD CLUB, INC.**Current Principal Place of Business:**2467 SALUDA STREET
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:**HOWLETT, CHARLIE
962 CARIBOU WAY
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	HOWLETT, CHARLIE
Address	962 CARIBOU WAY
City-State-Zip:	THE VILLAGES FL 32162

Title	V
Name	CARON, LEE
Address	2140 DARWIN
City-State-Zip:	THE VILLAGES FL 32162

Title	TRUS
Name	TITUS, REN
Address	3256 HOPEWELL STREET
City-State-Zip:	THE VILLAGES FL 32162

Title	SECR
Name	HOLLISTER, LORI
Address	2131 JASPER WAY
City-State-Zip:	THE VILLAGES FL 32162

Title	T
Name	STONE, WILL
Address	2467 SALUDA STREET
City-State-Zip:	THE VILLAGES FL 32162

Title	TRUS
Name	O'NEAL, ROBERT
Address	1457 HONEA WAY
City-State-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: WILL STONE**TREASURER****02/14/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date