2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010738

Entity Name: THE VILLAGES PARROT HEAD CLUB, INC.

FILED Feb 29, 2016 **Secretary of State** CC6265906977

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 02/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **SECR** Title **PRESIDENT** MINIO, DIANE Name Name CARON, LEE 3602 RESTON DR 2140 DARWIN Address Address

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

Title **TRUS** Title VΡ

STONE, WILL Name TITUS, REN Name

Address 3256 HOPEWELL STREET Address 2467 SALUDA STREET THE VILLAGES FL 32162 City-State-Zip: City-State-Zip: THE VILLAGES FL 32162

TREASURER Title Title TRUS

Name ROEDER, LARRY O'NEAL. ROBERT Name Address 3126 AMHERST WAY 1457 HONEA WAY Address

City-State-Zip: THE VILLAGES FL 32163 City-State-Zip: THE VILLAGES FL 32162

Title **TRUSTEE** Title MEMBERSHIP CHAIR

LARSON, STEVE Name HARRIS, JULIE Name 2078 ALLURE LOOP Address 2152 DORST LAME Address City-State-Zip: THE VILLAGES FL 32162

THE VILLAGES FL 32162 City-State-Zip:

Continues on page 2

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.

02/29/2016 SIGNATURE: LARRY D ROEDER TREASURER

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