

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005726

Entity Name: THE VILLAGES CERT FOUNDATION INC**Current Principal Place of Business:**3035 S MORSE BLVD
STATION 44
THE VILLAGES , FL 32163**Current Mailing Address:**3035 S MORSE BLVD
STATION 44
THE VILLAGES, FL 32163 US**FEI Number:** 26-2678546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUBER, GARY
3035 S MORSE BLVD
STATION 44
THE VILLAGES, FL 32163 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:** GARY HUBER

01/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HUBER, GARY
Address 2904 ASHER PATH
City-State-Zip: THE VILLAGES FL 32163

Title DIRECTOR
Name LONGACRE, LT JOHN
Address 3035 S. MORSE BLVD
City-State-Zip: THE VILLAGES FL 32163

Title DIRECTOR
Name ARCHIBALD, PHYLLIS
Address 1020 DUSTIN DRIVE
City-State-Zip: THE VILLAGES FL 32159

Title DIRECTOR
Name SAMUELSON, JUDITH
Address 1817 ASHWOOD RUN
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR
Name RYAN, DENNIS
Address 1116 PICKERING PATH
City-State-Zip: THE VILLAGES FL 32163

Title DIRECTOR
Name DICKSON, NANCY
Address 3565 ROANOKE ST
City-State-Zip: THE VILLAGES FL 32162

Title SECRETARY
Name BYRNES, DIANE
Address 4462 TUSCALOOSA PATH
City-State-Zip: THE VILLAGES FL 32163

Title TREASURER
Name CAHALL, KATHERINE
Address 2167 YEARLING WAY
City-State-Zip: THE VILLAGES FL 32163

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.

SIGNATURE: LINDA MCMAHON**PAST AGENT**

01/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	ASST. TREASURER
Name	LARSON, MARYANN
Address	3532 CAMBRIA CIRCLE
City-State-Zip:	THE VILLAGES FL 32162