

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000077045

Entity Name: LBCV, INC.

Current Principal Place of Business:

3619 KIESSEL ROAD
THE VILLAGES, FL 32163

Current Mailing Address:

3619 KIESSEL ROAD
THE VILLAGES, FL 32163 US

FEI Number: 59-3532731

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUDSON, BRIAN D ESQ
3619 KIESSEL ROAD
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name MORSE, MARK G.
Address 3619 KIESSEL ROAD
City-State-Zip: THE VILLAGES FL 32163

Title VP
Name DZURO, MARTIN L.
Address 3619 KIESSEL ROAD
City-State-Zip: THE VILLAGES FL 32163

Title TREASURER
Name STOFF, KENNETH D.
Address 3619 KIESSEL ROAD
City-State-Zip: THE VILLAGES FL 32163

Title VP, SECRETARY
Name MANLY, KELSEA MORSE
Address 3619 KIESSEL ROAD
City-State-Zip: THE VILLAGES FL 32163

Title DIRECTOR
Name PARR, JENNIFER L.
Address 3619 KIESSEL ROAD
City-State-Zip: THE VILLAGES FL 32163

Title DIRECTOR
Name DADEO, TRACY MORSE
Address 3619 KIESSEL ROAD
City-State-Zip: THE VILLAGES FL 32163

Title VP
Name CHANDLER, ROBERT L. IV
Address 3619 KIESSEL ROAD
City-State-Zip: THE VILLAGES FL 32163

Title VP
Name BOONE, HARPER D.
Address 3619 KIESSEL ROAD
City-State-Zip: THE VILLAGES FL 32163

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KELSEA MORSE MANLY

VICE PRESIDENT

03/22/2019

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title VP
Name MCCABE, RYAN
Address 3619 KIESSEL ROAD
City-State-Zip: THE VILLAGES FL 32163