

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

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Confirmation Number: 16691

Amended Confirmation Number:

Employer Information

Name: St. Mark Village  
Address: 2655 Nebraska Avenue  
City: Palm Harbor  
State: FL  
Zip Code: 34684

Plan Administrator Information

Name: Randall Rees/VP of Healthcare Services  
Address: 2655 Nebraska Avenue  
City: Palm Harbor  
State: FL  
Zip Code: 34684  
Phone: 7277852580  
Email: rrees@stmarkvillage.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

|      |            |                              |                           |
|------|------------|------------------------------|---------------------------|
| ID:1 | Plan Name: | St. Mark Village 457(b) Plan | Number of<br>Employees: 3 |
|------|------------|------------------------------|---------------------------|

Additional Information:

The Plan is effective as of January 1, 2026 and was adopted on July 6, 2026.



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 16691. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.