

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748109

**Entity Name:** HALIFAX VILLAS ASSOCIATION, INC.**Current Principal Place of Business:**144 SOUTH HALIFAX AVENUE  
DAYTONA BEACH, FL 32118**Current Mailing Address:**144 SOUTH HALIFAX AVENUE  
DAYTONA BEACH, FL 32118**FEI Number:** 59-1936674**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, PAUL  
144 SOUTH HALIFAX AVENUE #64  
DAYTONA BEACH, FL 32118 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           TREASURER  
Name           LYONS, MARY  
Address       144 S. HALIFAX AVE, #23  
City-State-Zip: DAYTONA BEACH FL 32118

Title           VP  
Name           COLLINS, KAREN  
Address       144 S HALIFAX AVE  
                52  
City-State-Zip: DAYTONA BEACH FL 32118

Title           BOARD MEMBER AT LARGE  
Name           DELIA, YVONNE  
Address       144 S HALIFAX AVE  
                50  
City-State-Zip: DAYTONA BEACH FL 32118

Title           MEMBER AT LARGE  
Name           WRIGHT, KEN  
Address       144 S HALIFAX AVE  
                42  
City-State-Zip: DAYTONA BEACH FL 32118

Title           PRESIDENT  
Name           SILVESTER, MARY ANN  
Address       144 SOUTH HALIFAX AVENUE #18  
City-State-Zip: DAYTONA BEACH FL 32118

Title           SECRETARY  
Name           COLLINS, KAREN  
Address       144 S HALIFAX AVE  
                52  
City-State-Zip: DAYTONA BEACH FL 32118

Title           COMMUNITY ASSOCIATION  
                MANAGER  
Name           THOMAS, PAUL  
Address       144 S HALIFAX AVE  
                64  
City-State-Zip: DAYTONA BEACH FL 32118

*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: PAUL THOMAS****CAM****04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date