

2018 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:** Yes**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 FANNING, KAREN
Address 144 S. HALIFAX AVE, #12
City-State-Zip: DAYTONA BEACH FL 32118

Title VP
Name FANNING, KAREN
Address 144 S HALIFAX AVE
 12
City-State-Zip: DAYTONA BEACH FL 32118

Title BOARD MEMBER AT LARGE
Name LYONS, MARY
Address 144 S HALIFAX AVE
 23
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****03/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date