

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N11000003584

**Entity Name:** HUSKY HAVEN OF FLORIDA INC

**Current Principal Place of Business:**

1111 HOMEWARD LANE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

P. O. BOX 195066  
WINTER SPRINGS, FL 32719 US

**FEI Number:** 45-1554917

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VOGINI, FRANZIA  
1111 HOMEWARD LANE  
ALTAMONTE SPRINGS, FL 32714 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:** FRANZIA VOGINI

01/24/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VOGINI, FRANZIA  
Address        P. O. BOX 195066  
City-State-Zip: WINTER SPRINGS FL 32719

Title            VP  
Name            O'NEILL, KIM  
Address        P. O. BOX 195066  
City-State-Zip: WINTER SPRINGS FL 32719

Title            TREASURER  
Name            SCHALMO, MICHELLE  
Address        P. O. BOX 195066  
City-State-Zip: WINTER SPRINGS FL 32719

Title            SECRETARY  
Name            GALLUZZO, CHERYL  
Address        P. O. BOX 195066  
City-State-Zip: WINTER SPRINGS FL 32719

Title            DIRECTOR  
Name            HARRISON, ANGELA  
Address        P. O. BOX 195066  
City-State-Zip: WINTER SPRINGS FL 32719

*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:** MICHELLE SCHALMO

TREASURER

01/24/2018

Electronic Signature of Signing Officer/Director Detail

Date