

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003584

FILED
Jan 27, 2024
Secretary of State
3575628550CC

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

01/27/2024

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

Title OFFICER
Name ELLIOTT, CLAIRE LOUISE
Address P. O. BOX 195066
City-State-Zip: WINTER SPRINGS FL 32719

Title OFFICER
Name DOTSON, ASHTON
Address P.O. BOX 195066
City-State-Zip: WINTER SPRINGS FL 32719

Title OFFICER
Name ROBSON, JOAN
Address PO 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

01/27/2024

Electronic Signature of Signing Officer/Director Detail

Date