

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005872

**Entity Name:** HALIFAX PLANTATION PHASES II & III HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 22, 2024**  
**Secretary of State**  
**1787221664CC**

**Current Principal Place of Business:**

3500 MERRITT DRIVE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

3500 MERRITT DRIVE  
ORMOND BEACH, FL 32174

**FEI Number: 59-3301171**

**Certificate of Status Desired: No**

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

GANZ, FRANK S ESQ.  
444 SEABREEZE BLVD  
SUITE 900  
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: FRANK S GANZ**

**01/22/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            PEDEVILLANO, ZOBE  
Address        3500 MERRITT DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title            VP, DIRECTOR  
Name            HARTMAN, PETER  
Address        3500 MERRITT DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title            SECRETARY, DIRECTOR  
Name            DAHLGREN, KURT  
Address        3500 MERRITT DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title            TREASURER, DIRECTOR  
Name            BODEN, MEAGHAN  
Address        3500 MERRITT DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            JUSKO, ALLAN  
Address        3500 MERRITT DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            UANINO, ANTHONY  
Address        3500 MERRITT DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            UANINO, WALTER  
Address        3500 MERRITT DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            VANACORE, JOHN SCOTT  
Address        3500 MERRITT DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

**Continues on page 2**

*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: ZOBE PEDEVILLANO**

**PRESIDENT**

**01/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           VANACORE, JOSEPH TODD  
Address        3500 MERRITT DRIVE  
City-State-Zip: ORMOND BEACH FL 32174