

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001893

**Entity Name:** TRAVELERS REST ACTIVITIES GROUP, INC.**Current Principal Place of Business:**29129 JOHNSTON ROAD  
DADE CITY, FL 33523**Current Mailing Address:**29129 JOHNSTON ROAD  
DADE CITY, FL 33523**FEI Number: 59-3605060****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LINDQUIST, RICHARD  
29129 JOHNSTON ROAD  
12-02  
DADE CITY, FL 33523 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: RICHARD LINDQUIST****03/16/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	MEIER, FRANK
Address	29129 JOHNSTON RD 2644 13-07
City-State-Zip:	DADE CITY FL 33523

Title	VP
Name	GREEN, JOHN
Address	29129 JOHNSTON RD 01-21
City-State-Zip:	DADE CITY FL 33523

Title	SECRETARY
Name	JUGEL, JO
Address	29129 JOHNSTON RD 0616
City-State-Zip:	DADE CITY FL 33523

Title	PRESIDENT
Name	WARREN, SHERLOCK
Address	29129 JOHNSTON RD 03-37
City-State-Zip:	DADE CITY FL 33523

Title	DIRECTOR
Name	KEHL, SUE
Address	29129 JOHNSTON ROAD 2629 18-22
City-State-Zip:	DADE CITY FL 33523

Title	VP
Name	SARBAUGH, DEAN
Address	29129 JOHNSTON RD 2650
City-State-Zip:	DADE CITY FL 33523

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: JO JUGEL****OPERATONS MANAGER****03/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date