

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 400041

**Entity Name:** TRAVELERS REST RESORT, INC.**Current Principal Place of Business:**29129 JOHNSTON RD  
DADE CITY, FL 33523**Current Mailing Address:**29129 JOHNSTON RD  
DADE CITY, FL 33523 US**FEI Number: 59-1418511****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HILL, RAY  
29129 JOHNSTON RD.  
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: RAY HILL****03/17/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	WOOD, PAM
Address	29129 JOHNSTON RD LOT 2809
City-State-Zip:	DADE CITY FL 33523

Title	PRESIDENT, CEO
Name	GREEN, JOHN
Address	29129 JOHNSTON RD . LOT # 2703
City-State-Zip:	DADE CITY FL 33523

Title	FIRST VICE PRESIDENT
Name	ZAK, CALLIE
Address	29129 JOHNSTON RD LOT # 2543
City-State-Zip:	DADE CITY FL 33523

Title	SECOND VICE PRESIDENT
Name	GELINAS, LINDA
Address	29129 JOHNSTON RD LOT # 09-02
City-State-Zip:	DADE CITY FL 33523

Title	CORPORATE SECRETARY
Name	SMITH, LINDA
Address	29129 JOHNSTON RD. LOT # 14-15
City-State-Zip:	DADE CITY FL 33523

Title	ASSISTANT TREASURER
Name	WEIGAND, JIM
Address	29129 JOHNSTON RD. LOT 2534
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOHN GREEN****PRESIDENT,CEO****03/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date