

2023 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:** Yes**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

03/17/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WEIGAND, JIM
Address 29129 JOHNSTON RD. LOT # 2534
City-State-Zip: DADE CITY FL 33523

Title 1ST VICE PRESIDENT
Name HALBROOK, TERRY
Address 29129 JOHNSTON RD LOT # 2652
City-State-Zip: DADE CITY FL 33523

Title 2ND VICE PRESIDENT
Name SELICK, BARRY
Address 29129 JOHNSTON RD LOT #18-32
City-State-Zip: DADE CITY FL 33523

Title CORPORATE SECRETARY
Name BUTLER, PAT
Address 29129 JOHNSTON RD. LOT # 14-07
City-State-Zip: DADE CITY FL 33523

Title PRESIDENT / CEO
Name MAY, DEBORAH
Address 29129 JOHNSTON RD. LOT # 11-22
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: JIM WEIGAND

TREASURER

03/17/2023

Electronic Signature of Signing Officer/Director Detail

Date