

2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 418991

Entity Name: HALIFAX PLANTATION, INC.**Current Principal Place of Business:**3500 MERRITT DRIVE
ORMOND BEACH, FL 32174**Current Mailing Address:**3500 MERRITT DRIVE
ORMOND BEACH, FL 32174 US**FEI Number:** 22-2018320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR & PRESIDENT
Name BOROUGHS, TIMOTHY A
Address C/O MADELYN BALLESTEROS
15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059

Title SECRETARY
Name PEENE, BRANDON M
Address C/O MADELYN BALLESTEROS
15 MOUNTAIN VIEW RD
City-State-Zip: WARREN NJ 07059

Title SENIOR VICE PRESIDENT &
ASSISTANT SECRETARY
Name HOPP, ANDREW D
Address C/O MADELYN BALLESTEROS
15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059

Title ASSISTANT SECRETARY
Name BALLESTEROS, MADELYN
Address C/O MADELYN BALLESTEROS
15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059

Title DIRECTOR & EXECUTIVE VICE
PRESIDENT
Name PENNELL, GREGORY T
Address C/O MADELYN BALLESTEROS
15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059

Title TREASURER
Name JORDAN, JOSEPH J
Address C/O MADELYN BALLESTEROS
15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059

Title VICE PRESIDENT
Name WAKSMAN, JASON
Address C/O MADELYN BALLESTEROS
15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059

Title ASSISTANT SECRETARY
Name COLLINS, REBECCA L
Address C/O MADELYN BALLESTEROS
15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059

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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: BRANDON M. PEENE**SECRETARY****08/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name CORWIN, DAVID B
Address C/O MADELYN BALLESTEROS
15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059

Title ASSISTANT SECRETARY
Name TACCA, THERESA M
Address C/O MADELYN BALLESTEROS
15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059

Title ASSISTANT SECRETARY
Name SCHWEIDEL, JULIET E
Address C/O MADELYN BALLESTEROS
15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059