

2019 FLORIDA PROFIT CORPORATION 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	BOROUGHES, TIMOTHY A
Address	436 WALNUT STREET WB12A
City-State-Zip:	PHILADELPHIA PA 19106

Title	SECRETARY
Name	PEENE, BRANDON M
Address	436 WALNUT STREET WB12A
City-State-Zip:	PHILADELPHIA PA 19106

Title	SENIOR VICE PRESIDENT & ASSISTANT SECRETARY
Name	HOPP, ANDREW D
Address	436 WALNUT STREET WB12A
City-State-Zip:	PHILADELPHIA PA 19106

Title	VICE PRESIDENT
Name	WAKSMAN, JASON
Address	436 WALNUT STREET WB12A
City-State-Zip:	PHILADELPHIA PA 19106

Title	ASSISTANT SECRETARY
Name	COLLINS, REBECCA L
Address	436 WALNUT STREET WB12A
City-State-Zip:	PHILADELPHIA PA 19106

Title	ASSISTANT SECRETARY
Name	TACCA, THERESA M
Address	436 WALNUT STREET WB12A
City-State-Zip:	PHILADELPHIA PA 19106

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: THERESA M. TACCA**ASSISTANT SECRETARY** 01/24/2019_____
Electronic Signature of Signing Officer/Director Detail_____
Date