

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000070553

Entity Name: DELAND LVI, INC.**Current Principal Place of Business:**460 LAUREL RIDGE WAY
DELAND, FL 32724-7502**Current Mailing Address:**460 LAUREL RIDGE WAY
DELAND, FL 32724-7502 US**FEI Number:** 27-1147380**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELAND HOUSING AUTHORITY
460 LAUREL RIDGE WAY
DELAND, FL 32724-7502 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	P/D
Name	QUINONES, MILAGROS
Address	460 LAUREL RIDGE WAY
City-State-Zip:	DELAND FL 32724-7502

Title	S/D
Name	STANLEY, RUTH
Address	460 LAUREL RIDGE WAY
City-State-Zip:	DELAND FL 32724-7502

Title	T/D
Name	COLE, TRUDE
Address	460 LAUREL RIDGE WAY
City-State-Zip:	DELAND FL 32724-7502

Title	D
Name	BLAIR, HILMA
Address	460 LAUREL RIDGE WAY
City-State-Zip:	DELAND FL 32724-7502

Title	D
Name	JAMES, RYAN
Address	460 LAUREL RIDGE WAY
City-State-Zip:	DELAND FL 32724-7502

Title	DIRECTOR
Name	NEWBERRY, MICHAEL
Address	460 LAUREL RIDGE WAY
City-State-Zip:	DELAND FL 32724-7502

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: MILAGROS QUINONES**PRESIDENT****01/22/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date