

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000077015

**Entity Name:** PHOENIX ASSOCIATES OF FLORIDA, INC.

**Current Principal Place of Business:**

13180 LIVINGSTON ROAD  
SUITE 204  
NAPLES, FL 34109

**FILED**  
**Apr 09, 2020**  
**Secretary of State**  
**7037013018CC**

**Current Mailing Address:**

13180 LIVINGSTON ROAD  
SUITE 204  
NAPLES, FL 34109 US

**FEI Number:** 47-5068596

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JOHNS, RANDY  
13180 LIVINGSTON ROAD  
SUITE 204  
NAPLES, FL 34109 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  
Name JOHNS, RANDY  
Address 13180 LIVINGSTON ROAD, SUITE 204  
City-State-Zip: NAPLES FL 34109

Title VP  
Name HOWELL, BRIAN  
Address 13180 LIVINGSTON ROAD, SUITE 204  
City-State-Zip: NAPLES FL 34109

Title S  
Name HOWELL, BRIAN  
Address 13180 LIVINGSTON ROAD, SUITE 204  
City-State-Zip: NAPLES FL 34109

*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:** BRIAN HOWELL

VP

04/09/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date