

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V22377

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

**FILED**  
**Apr 09, 2020**  
**Secretary of State**  
**1953030213CC**

**Current Principal Place of Business:**

13180 LIVINGSTON ROAD  
SUITE 204  
NAPLES, FL 34109

**Current Mailing Address:**

13180 LIVINGSTON ROAD  
SUITE 204  
NAPLES, FL 34109 US

**FEI Number: 65-0319840**

**Certificate of Status Desired: Yes**

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

HOWELL, BRIAN  
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            PRES  
Name            MOSHER, STAN  
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            VP  
Name            JOHNS, RANDY  
Address        13180 LIVINGSTON ROAD SUITE 204  
City-State-Zip: NAPLES FL 34109

Title            TR  
Name            JOHNS, RANDY  
Address        13180 LIVINGSTON ROAD SUITE 204  
City-State-Zip: NAPLES FL 34104

Title            SEC  
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