

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000589

**FILED**  
**Feb 13, 2019**  
**Secretary of State**  
**5577885331CC**

**Entity Name:** THE LEVY COUNTY HOUSING AUTHORITY CORE GROUP, INC.

**Current Principal Place of Business:**

4 WEST PARK AVENUE  
CHIEFLAND, FL 32626

**Current Mailing Address:**

4700 SW ARCHER ROAD  
F46  
GAINESVILLE, FL 32608 US

**FEI Number:** 59-3656857

**Certificate of Status Desired:** Yes

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

WILLIAMS, ROBERT L  
4700 SW ARCHER ROAD  
K78  
GAINESVILLE, FL 32608 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           PRESIDENT  
Name           WILLIAMS, ROBERT L  
Address        4700 SW ARCHER ROAD  
                  K78  
City-State-Zip: GAINESVILLE FL 32608

Title           VP  
Name           HOLLAND, CHRISTY A  
Address        4 WEST PARK AVENUE  
City-State-Zip: CHIEFLAND FL 32626

Title           TREASURER  
Name           HOLTHUS, DEBRA J  
Address        4 WEST PARK AVENUE  
City-State-Zip: CHIEFLAND FL 32626

Title           SECRETARY  
Name           AQUIL, TARIQ  
Address        319 SW 5TH STREET  
City-State-Zip: CHIEFLAND FL 32626

Title           DIRECTOR  
Name           SAUDER, KEITH A  
Address        4 WEST PARK AVENUE  
City-State-Zip: CHIEFLAND FL 32626

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT L. WILLIAMS

**PRESIDENT**

**02/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date