I hereby certify that the information indicated on this report or supplemental report is true and act oath; that I am an officer or director of the corporation or the receiver or trustee empowered to ex-		
above, or on an attachment with all other like empowered.		
SIGNATURE: CHRIS DILLAVOU	EVPD	08/10/2016

**EVPD** 

Officer/Director Detail :				
Title	PSD	Title	EVPD	
Name	FAIR, IAN	Name	DILLAVOU, CHRIS	
Address	2041 VISTA PARKWAY, LEVEL 2	Address	2041 VISTA PARKWAY LEVEL 2	
City-State-Zip:	WEST PALM BEACH FL 33411	City-State-Zip:	WEST PALM BEACH FL 33411	
Title Name Address City-State-Zip:	SVPD FILON, MICHAEL 2041 VISTA PARKWAY, LEVEL 2 WEST PALM BEACH FL 33411			

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.

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

DILLAVOU, CHRIS 2041 VISTA PARKWAY, LEVEL 2 WEST PALM BEACH, FL 33411 US

I

SIGNATURE: CHRIS DILLAVOU

SIGNATURE: CHRIS DILLAVOU

## 2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL **REPORT**

DOCUMENT# N0000001732

Entity Name: MEDALIST VILLAGE CLUB, INC.

**Current Principal Place of Business:** 

7700 SE MEDALIST PLACE HOBE SOUND, FL 33455

## **Current Mailing Address:**

2041 VISTA PARKWAY, LEVEL 2 WEST PALM BEACH, FL 33411 US

FEI Number: 65-0987355

Certificate of Status Desired: No

Aug 10, 2016 Secretary of State CC6820643892

> 08/10/2016 Date

FILED

Electronic Signature of Signing Officer/Director Detail

Date