

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004646

FILED
Feb 13, 2020
Secretary of State
2611003063CC**Entity Name:** PEACHTREE AT FOX HOLLOW HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683**Current Mailing Address:**3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683**FEI Number:** 59-3267232**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MELROSE MANAGEMENT PARTNERSHIP
MELROSE MANAGEMENT PARTNERSHIP
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 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:** KIM BRAMSON**02/13/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	SALVATI, ANTHONY
Address	3527 PALM HARBOR BLVD
City-State-Zip:	PALM HARBOR FL 34683

Title	SECRETARY
Name	ARMSTRONG, GREG
Address	3527 PALM HARBOR BLVD
City-State-Zip:	PALM HARBOR FL 34683

Title	VP
Name	WILT, DENNIS
Address	3527 PALM HARBOR BLVD
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	GRISE, JACK
Address	3527 PALM HARBOR BLVD
City-State-Zip:	PALM HARBOR FL 34683

Title	TREASURER
Name	HOLSTE, NANCY
Address	3527 PALM HARBOR BLVD
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	RUSSELL, DIANE
Address	3527 PALM HARBOR BLVD
City-State-Zip:	PALM HARBOR FL 34683

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: ANTHONY SALVATI**PRESIDENT****02/13/2020**

Electronic Signature of Signing Officer/Director Detail

Date