

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 325313 1. Entity Name THE SECOND HOLIDAY HOUSING ASSOCIATION, INC.	
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Principal Place of Business 501 E. CHURCH STREET ORLANDO, FL 32801	Mailing Address 501 E. CHURCH STREET ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1226073	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK, JOHN M.
501 EAST CHURCH STREET
ORLANDO, FL 32801

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GATCHEL, PATTY 1000 GROVE MANOR DRIVE SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALL, TOM 9 THOMAS AVENUE TILLSONBURGH, ONTARIO, n4g5kl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCORMICK, JOHN 648 WORTHINGTON DR WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELDER, CAROLE 6804 ANOKA DR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/05-80126-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John B. McCormick Treasurer 4/28/05 14071843-5690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #