2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 325313

Entity Name: THE SECOND HOLIDAY HOUSING ASSOCIATION, INC.

Current Principal Place of Business:

501 E. CHURCH STREET
ORLANDO, FL 32801

New Principal Place of Business:

5100 OLD HOWELL BRANCH RD
WINTER PARK, FL 32792

Current Mailing Address:

501 E. CHURCH STREET
ORLANDO, FL 32801

New Mailing Address:

PO BOX 1854
WINTER PARK, FL 32790

FEI Number: 59-1226073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: GATCHEL, PATTY
Address: 1000 GROVE MANOR DRIVE
City-St-Zip: SANFORD, FL

Title: P ( ) Delete
Name: WALL, TOM
Address: 9 THOMAS AVENUE
City-St-Zip: TILLSONBURGH, ONTARIO, N4G5KL

Title: T ( ) Delete
Name: MCCORMICK, JOHN
Address: 648 WORTHINGTON DR
City-St-Zip: WINTER PARK, FL

Title: S ( ) Delete
Name: ELDER, CAROLE
Address: 6804 ANOKA DR
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: GATCHEL, PATTY
Address: 1000 GROVE MANOR DRIVE
City-St-Zip: SANFORD, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: RILEY, PAUL
Address: 740 MIDDLESEX DRIVE
City-St-Zip: MACON, GA 31210

Title: T (X) Change ( ) Addition
Name: BAKER, RUTH
Address: RT. 8 N. WOODS LODGE
City-St-Zip: LAKE PLEASANT, NY 12108

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TOM WALL P 04/27/2009
Electronic Signature of Signing Officer or Director — Date