

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711298 (0)
1. Corporation Name
HOLIDAY HEIGHTS CIVIC ASSOCIATION, INC.



Principal Place of Business
**5103 20TH ST. W
5103 20TH STREET W.
BRADENTON FL 34207
US**

Mailing Address
**5103 20TH ST.. W
5103 20TH STREET W.
BRADENTON FL 34207
US**

3. Date Incorporated or Qualified **08/05/1966** 3a. Date of Last Report **03/09/1995**

4. FEI Number **65-0039236** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**BERES, ETHEL
5103 20TH STREET W.
BRADENTON FL 34207**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERES, ETHEL	
STREET ADDRESS	5103 20TH ST. W.	
CITY - ST - ZIP	BRADENTON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WAITE, CLARK	
STREET ADDRESS	5116 18TH ST	
CITY - ST - ZIP	BRADENTON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RYSANEK, JEAN	
STREET ADDRESS	1807 47TH AVE., DR., W	
CITY - ST - ZIP	BRADENTON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, KENNETH	
STREET ADDRESS	4804 21ST ST. W	
CITY - ST - ZIP	BRADENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DENOON, ROBERT	
STREET ADDRESS	2302 47TH AVE. W.	
CITY - ST - ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERMANE, ROBERT	
STREET ADDRESS	2103 - 51ST AVE W	
CITY - ST - ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BERES, ETHEL	
1.3 STREET ADDRESS	5103 20th St W	
1.4 CITY - ST - ZIP	BRADENTON FL	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HENNESSY, Daniel W	
2.3 STREET ADDRESS	2004 52nd Ave	
2.4 CITY - ST - ZIP	BRADENTON FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WELCH, Charles M	
3.3 STREET ADDRESS	2203 48th Ave W	
3.4 CITY - ST - ZIP	BRADENTON FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	COPELAND, Kimberly	
5.3 STREET ADDRESS	1803 49th Ave W	
5.4 CITY - ST - ZIP	BRADENTON FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WAITE, Clark	
6.3 STREET ADDRESS	5116 18th Ave W	
6.4 CITY - ST - ZIP	BRADENTON FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ethel Beres 03/19/96 (941) 756-4185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)