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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 711298 (0)

1. Corporation Name

HOLIDAY HEIGHTS CMC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5103 20TH ST. W  
5103 20TH STREET W.  
BRADENTON FL 34207  
US

5103 20TH ST. W  
5103 20TH STREET W.  
BRADENTON FL 34207-1934  
US

3. Date Incorporated or Qualified

08/05/1966

3a. Date of Last Report

03/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0039236

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD  DELETE  
NAME BERES, ETHEL  
STREET ADDRESS 5103 20TH ST. W.  
CITY-ST-ZIP BRADENTON FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME HANNESSY, DANIEL W  
STREET ADDRESS 2004 52ND AVE  
CITY-ST-ZIP BRADENTON FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME WELCH, CHARLES M  
STREET ADDRESS 2203 48TH AVE W  
CITY-ST-ZIP BRADENTON FL

3.1 TITLE  Change  Addition  
3.2 NAME TD  
3.3 STREET ADDRESS STOVER, NORMA  
3.4 CITY-ST-ZIP 5105 20th St W  
Bradenton, FL

TITLE SD  DELETE  
NAME COPELAND, KIMBERLY  
STREET ADDRESS 1803 49TH AVE W  
CITY-ST-ZIP BRADENTON FL

4.1 TITLE  Change  Addition  
4.2 NAME SD  
4.3 STREET ADDRESS SWINDLE, KATHY  
4.4 CITY-ST-ZIP 5009 19th St W  
Bradenton, FL

TITLE D  DELETE  
NAME WAITE, CLARK  
STREET ADDRESS 5116 18TH AVE W  
CITY-ST-ZIP BRADENTON FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME PERMANE, ROBERT  
STREET ADDRESS 2103 - 51ST AVE W  
CITY-ST-ZIP BRADENTON FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/97

(941) 756-4185

Date

Daytime Phone # 0061784

CR2E037 (9/96)