


FILE NOW: FILING FEE IS \$61.25

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**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
08/05/1966

4. FEI Number
65-0039236

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD BERES, ETHEL 5103 20TH ST. W. BRADENTON FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANNESSY, DANIEL W 2004 52ND AVE BRADENTON FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STOVER, NORMA 5105 20TH ST. W. BRADENTON FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWINDLE, KATHY 5009 19TH ST. W. BRADENTON FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAITE, CLARK 5116 18TH AVE W BRADENTON FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERMANE, ROBERT 2103 - 51ST AVE W BRADENTON FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 *Ethel Beres* January 20, 1998 (941) 756-4185

CR2E037 (10/97)