

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-21-2005 90082 022 ****61.25

DOCUMENT # 721250
 1. Entity Name
HOLIDAY APARTMENTS, INC.



Principal Place of Business Mailing Address
 3212 NE 7TH PLACE 3212 NE 7TH PLACE
 APARTMENT 12A APARTMENT 12A
 POMPANO BEACH FL 33062-4549 POMPANO BEACH FL 33062-4549
 US US

66006184



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1799242 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUGGIERO, GINA
3212 N.E. 7TH PLACE
APT 12A
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME MAY, MICHAEL STREET ADDRESS 3212 NE 7TH PL CITY-ST-ZIP POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Joseph Gutella STREET ADDRESS 3212 NE 7th Pl CITY-ST-ZIP Pompano Beach, Fla 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME RUGGIERO, GINA STREET ADDRESS 3212 NE 7TH PL CITY-ST-ZIP POMPANO BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME CRETELLA, JOE STREET ADDRESS 3212 NE 7TH PL CITY-ST-ZIP POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Delete	TITLE VD NAME Margaret Burnside STREET ADDRESS 3212 NE 7th Pl CITY-ST-ZIP Pompano Beach, Fla 33062	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME GREEN, LEE STREET ADDRESS 3212 NE 7TH PL CITY-ST-ZIP POMPANO BEACH FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME CRANFIELD, NANCY STREET ADDRESS 3212 NE 7TH PL CITY-ST-ZIP POMPANO BEACH FL 33062	<input checked="" type="checkbox"/> Delete	TITLE SD NAME GINA RUGGIERO STREET ADDRESS 3212 NE 7th Pl CITY-ST-ZIP Pompano Beach, Fla 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME Joan Gordon STREET ADDRESS 3212 NE 7th Pl CITY-ST-ZIP Pompano Beach Fla 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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: GINA RUGGIERO (SECRETARY TREASURER)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-16-2005** (454) 785-168T