

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721250

FILED
Mar 20, 2007
Secretary of State

Entity Name: HOLIDAY APARTMENTS, INC.

Current Principal Place of Business:

3212 NE 7TH PLACE
APARTMENT 20
POMPANO BEACH, FL 330624549 US

New Principal Place of Business:

Current Mailing Address:

1 WOOD HURST CT
HILTON HEAD ISLAND, SC 299261946 US

New Mailing Address:

FEI Number: 59-1799242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNSIDE, MARGARET T
3212 N.E. 7TH PLACE
APT 20
POMPANO BEACH, FL 33062 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BURNSIDE, MARGARET
Address: 3212 NE 7TH PL
City-St-Zip: POMPANO BEACH, FL

Title: S () Delete
Name: VON DONGE, ROBERTA
Address: 3212 NE 7TH PL
City-St-Zip: POMPANO BEACH, FL 33062

Title: P () Delete
Name: GREEN, LEE
Address: 3212 NE 7TH PL
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP () Delete
Name: MAY, MICHAEL
Address: 3212 NE 7TH PL
City-St-Zip: POMPANO BEACH, FL 33062

Title: BOD () Delete
Name: ROGERS, DELORES
Address: 3212 NE 7TH PL
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: MAY, MICHAEL
Address: 3212 NE 7TH PL
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP (X) Change () Addition
Name: JOHNSON, JAMES
Address: 3212 NE 7TH PL
City-St-Zip: POMPANO BEACH, FL 33062

Title: BOD (X) Change () Addition
Name: ROGERS, DOLORES
Address: 3212 NE 7TH PL
City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET BURNSIDE

T

03/20/2007

Electronic Signature of Signing Officer or Director

Date