


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90047 007 \*\*\*\*61.25

**DOCUMENT # 721250**

1. Entity Name  
**HOLIDAY APARTMENTS, INC.**



Principal Place of Business  
**3212 NE 7TH PLACE**  
**APARTMENT 20**  
**POMPANO BEACH, FL 33062-4549 US**

Mailing Address  
**1 WOOD HURST CT**  
**HILTON HEAD ISLAND, SC 29926-1946 US**

40052094



2. Principal Place of Business - No P.O. Box #  
**3212 NE 7th Place**

3. Mailing Address  
**108 Shoreview Drive**

Suite, Apt. #, etc.  
**Apartment 1**

03162008 Chg-NP CR2E037 (12/06)

City & State  
**Pompano Beach FL**

City & State  
**Liverpool New York**

Zip  
**33062-4549**

Country  
**U.S.**

Zip  
**13090**

Country  
**U.S.**

4. FEI Number  
**59-1799242**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Antoinette Pinti**

Street Address (P.O. Box Number is Not Acceptable)  
**3212 NE 7th Place**

**Apartment 1**

City **Pompano Beach** **FL** Zip Code **33062**

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 *Antoinette Pinti* **Treasurer** **3/19/08**

Signature typed or printed name of registered agent or trustee if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
T	BURNSIDE, MARGARET	3212 NE 7TH PL	POMPANO BEACH, FL	<input checked="" type="checkbox"/>
S	VON DONGE, ROBERTA	3212 NE 7TH PL	POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/>
P	MAY, MICHAEL	3212 NE 7TH PL	POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/>
VP	JOHNSON, JAMES	3212 NE 7TH PL	POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/>
BOD	ROGERS, DOLORES	3212 NE 7TH PL	POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
T.	Pinti, Antoinette	3212 NE 7th Place	Pompano Beach, Florida 33062	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S.	Ruggiero, Gina	3212 NE 7th Place	Pompano, Beach, Florida 33062	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P.	cretella Joseph	3212 NE 7th Place	Pompano Beach Florida 33062	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP.	Cerrone, Elisabeth	3212 NE 7th Place	Pompano Beach, Florida 33062	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B.O.D.	Cerniglio Barbara	2951 Pinewood Run	Palm Harbor, Florida 34684	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 to be empowered.

SIGNATURE: *Antoinette Pinti* **3/19/08 (315) 5590778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #