

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722427

FILED
Apr 10, 2009
Secretary of State

Entity Name: HOLIDAY ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

1445 SEAGULL DRIVE
ENGLEWOOD, FL 34224 US

New Principal Place of Business:

Current Mailing Address:

170 W DEARBORN ST
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 59-2338384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNKIN, DAVID A.
170 W. DEARBORN STREET
ENGLEWOOD, FL 335333290 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: SD () Delete
Name: MARTINI, JULIA A
Address: 1356 IBIS DRIVE
City-St-Zip: ENGLEWOOD, FL 34224

Title: SD () Delete
Name: MARENGER, NANCY
Address: 1384 SEAGULL DRIVE
City-St-Zip: ENGLEWOOD, FL 34224

Title: P () Delete
Name: HOLTMEIER, SHIRLEY
Address: 1396 KINGFISHER DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: TD () Delete
Name: HENRIKSON, NANCY
Address: 1433 KINGFISHER DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: VP () Delete
Name: WILBER, RUTH
Address: 1323 ISIS DRIVE
City-St-Zip: ENGLEWOOD, FL 34224

Title: VP () Delete
Name: CHASE, GARDNER
Address: 1245 KINGFISHER DR
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MARTINI, JULIA A
Address: 1356 IBIS DRIVE
City-St-Zip: ENGLEWOOD, FL 34224

Title: SD (X) Change () Addition
Name: BEGHEIN, LAVERNE
Address: 1282 KINGFISHER DR
City-St-Zip: ENGLEWOOD, FL 34224

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

Title: D (X) Change () Addition
Name: CANFIELD, MIKE
Address: 1307 FLAMINGO DR
City-St-Zip: ENGLEWOOD, FL 34224

Title: VP (X) Change () Addition
Name: WILBER, RUTH
Address: 1323 IBIS DRIVE
City-St-Zip: ENGLEWOOD, FL 34224

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

I hereby certify that the information supplied with this filing does not qualify 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: JULIA MARTINI

_____ Electronic Signature of Signing Officer or Director

TD

04/10/2009

_____ Date