

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90215 049 ****61.25



DOCUMENT # 738455

1. Entity Name

HOLIDAY SPRINGS VILLAGE RECREATION CORPORATION, INC.

Principal Place of Business

Mailing Address

3131 HOLIDAY SPRINGS BLVD.
 MARGATE FL 33063

3131 HOLIDAY SPRINGS BLVD.
 MARGATE FL 33063



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-1729972

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAPLAN, ELLEN
 3150 HOLIDAY SPGS. BLVD.
 MARGATE FL 33063

Name **WILLIAM KAUFMAN**

Street Address (P.O. Box Number is Not Acceptable)
3110 HOLIDAY SPRINGS BLVD

City **MARGATE** FL Zip Code **33063**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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
P	KAPLAN, ELLEN	3150 HOLIDAY SPRGS BLVD	MARGATE FL 33063	<input checked="" type="checkbox"/>
D	GOFFMAN, HERMAN	3200 HOLIDAY SPRINGS BLVD	MARGATE FL 33063	<input type="checkbox"/>
T	LEVINE, MAURICE	3140 HOLIDAY SPRGS BLVD	MARGATE FL 33063	<input type="checkbox"/>
V	FELBERG, NORMAN	3090 HOLIDAY SPRINGS BLVD.	MARGATE FL 33063	<input type="checkbox"/>
D	KAUFMAN, WILLIAM	3110 HOLIDAY SPRINGS BLVD	MARGATE FL 33063	<input type="checkbox"/>
S	LEVINE, GEORGE	3071 HOLIDAY SPRINGS BLVD	MARGATE FL 33063	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
D	MAUREEN BLOOMER	3011 HOLIDAY SPRINGS BLVD	MARGATE, FL 33063	<input type="checkbox"/>	<input type="checkbox"/>
S				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	LAWRENCE FAMA	3130 HOLIDAY SPRINGS BLVD	MARGATE, FL 33063	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #