FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:18

DOCUMENT # 757389 (2)

1. Corporation Name
HOLIDAY CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
16410 SAN CARLOS BLVD FT. MYERS FL 33908 US	16410 SAN CARLOS BLVD FT. MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1981
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2821709 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WORDEN, TOM
16521 SAN CARLOS BLVD.
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	ZALESKI, RICHARD	1.2 NAME	Giammarco, Felix	
STREET ADDRESS	16410 SAN CARLOS BLVD	1.3 STREET ADDRESS	16410 San Carlos Blvd #434	
CITY-ST-ZIP	FT MYERS FL 33908	1.4 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	D	2.1 TITLE	President	☒ Change ☐ Addition
NAME	FRYE, ROY	2.2 NAME	Frye, Roy	
STREET ADDRESS	16410 SAN CARLOS	2.3 STREET ADDRESS	16410 San Carlos #342	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	VP	3.1 TITLE		☐ Change ☐ Addition
NAME	BANKS, STANLEY	3.2 NAME		
STREET ADDRESS	16410 SAN CARLOS BLVD	3.3 STREET ADDRESS	same (#312)	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	ANDERSON, HAROLD	4.2 NAME	Ritchey, Robert	
STREET ADDRESS	16410 SAN CARLOS BLVD.	4.3 STREET ADDRESS	16410 San Carlos #309	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	ST	5.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	VARNER, CLYDE R	5.2 NAME	Swicegood, Joan	
STREET ADDRESS	16410 SAN CARLOS BLVD.	5.3 STREET ADDRESS	16410 San Carlos Blvd #98	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	P	6.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	DITSCHMAN, DAN	6.2 NAME	Nichols, William	
STREET ADDRESS	16400 SAN CARLOS BLVD.	6.3 STREET ADDRESS	16410 San Carlos Blvd #17	
CITY-ST-ZIP	FT. MYERS FL	6.4 CITY-ST-ZIP	Fort Myers, FL 33908	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roy C. Frye 3/1/95 454-6557
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #
Roy Frye, President

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