

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90032 041 ****61.25

DOCUMENT # 757389

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2821709

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

ADAMS, JOSEPH E ESQ.
THE COLONNADES
13515 BELL TOWER DR., SUITE #101
FORT MYERS FL 33907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE *[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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
 NAME **GIAMMARCO, FELICIANO**
 STREET ADDRESS **16410 SAN CARLOS BLVD #434 (11580 WILD FLAX DR.)**
 CITY-ST-ZIP **FORT MYERS FL 33908**

D ☐ Change ☐ Addition
 NAME **BOB MATHENY**
 STREET ADDRESS **11691 SLIPPERSHELL DR.**
 CITY-ST-ZIP **FORT MYERS, FL. 33908**

PD ☒ Delete
 NAME **GETHA, J F**
 STREET ADDRESS **16410 SAN CARLOS BLVD, 405**
 CITY-ST-ZIP **FORT MYERS FL 33908**

PD ☐ Change ☐ Addition
 NAME **CARL LANG**
 STREET ADDRESS **11601 DWARF GINSENG DR.**
 CITY-ST-ZIP **FORT MYERS, FL. 33908**

D ☐ Delete
 NAME **DAY, GENE**
 STREET ADDRESS **16410 SAN CARLOS BLVD 3425**
 CITY-ST-ZIP **FORT MYERS FL 33908**

D ☒ Change ☐ Addition
 NAME **[Blank]**
 STREET ADDRESS **16320 FALSTAFF DR.**
 CITY-ST-ZIP **FORT MYERS, FL. 33908**

VPD ☒ Delete
 NAME **MCQUIRT, H J**
 STREET ADDRESS **16410 SAN CARLOD BLVD., #9**
 CITY-ST-ZIP **FORT MYERS FL 33908**

VPD ☐ Change ☐ Addition
 NAME **JAMES WENDT**
 STREET ADDRESS **11691 BUBBLE SHELL DR.**
 CITY-ST-ZIP **FORT MYERS, FL. 33908**

D ☐ Delete
 NAME **EMORY, JOSEPH**
 STREET ADDRESS **16410 SAN CARLOS BLVD., #388**
 CITY-ST-ZIP **FT. MYERS FL 33908**

D ☒ Change ☐ Addition
 NAME **[Blank]**
 STREET ADDRESS **16331 RED CLOVER LN.**
 CITY-ST-ZIP **FORT MYERS, FL. 33908**

S ☒ Delete
 NAME **LANG, CARL**
 STREET ADDRESS **16410 SAN CARLOS BLVD #298**
 CITY-ST-ZIP **FORT MYERS FL 33908**

S ☐ Change ☐ Addition
 NAME **RON HAYWOOD**
 STREET ADDRESS **16300 RED CLOVER LN.**
 CITY-ST-ZIP **FORT MYERS, FL 33908**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE: *[Signature]* **FELICIANO GIAMMARCO** **FEB-25-02-466-1155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)