2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90261 047 ****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

DPA

02202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2821709 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, JOSEPH E ESQ.
14241 METROPOLIS AVE
SUITE 100
FT MYERS, FL 33912-0000

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MATHENY, BOB 11691 SLIPPERSHELL DR FORT MYERS, FL 33908	☐ Delete	P GARY N. Nelson 11670 WildFlax Dr. Ft. Myers, FL. 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LANG, CARL 11601 SWARF GINSENG DR FORT MYERS, FL 33908/	☐ Delete	S LANG, CARL 11601 DWARF GINSENG DR. Ft. Myers, FL. 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAY, GENE 16320 FALSTAFF DR FORT MYERS, FL 33908	☒ Delete	VP McQuirt, Jasper (Harold) 11591 Ariana Dr. Ft. Myers, FL. 33908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WENDT, JAMES 11691 BUBBLE SHELL DR FORT MYERS, FL 33908	☐ Delete	D Wendt James 11691 Bubbleshell Dr. Ft. Myers, FL. 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRISSETTE, SYLVIA 11521 PAPERSHELL DR FORT MYERS, FL 33908	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAYWOOD, RON 16300 RED CLOVER LN FORT MYERS, FL 33908	☒ Delete	D Nimmer, Richard 11681 OAKDALE DR. Ft. Myers, FL. 33908	☐ Change ☒ Addition

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: Gary N. Nelson Pres 4/9/04 239-466-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #