2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State
01-15-2008 90033 042 ****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

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01082008 No Chg-NP CR2E037 (4/06)

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

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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 E. BARD RUPP E. Bard Rupp 1/9/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	MATHENY, BOB
STREET ADDRESS	11691 SLIPPERSHELL DR
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	S
NAME	FISHER, ROBERT
STREET ADDRESS	11721 SLIPPERSHELL DR
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	P
NAME	NELSON, GARY N
STREET ADDRESS	11670 WILDFLAX DR
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	~~X~~ VP
NAME	WILLIAMS, ROGER
STREET ADDRESS	11551 PADINA DR
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	~~VP~~
NAME	~~MCQUIRT, JASPER~~
STREET ADDRESS	~~11591 ARIANA DR~~
CITY-ST-ZIP	~~FORT MYERS, FL 33908~~
TITLE	
NAME	CRAMER JULIANA
STREET ADDRESS	11680 ARIANA DR.
CITY-ST-ZIP	FORT MYERS FL 33908

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: PRESIDENT 1/9/08 239-466-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GARY N. NELSON