FILE NOW: FILING FEE IS $61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90210 042 ****61.25

0027089

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763615

1. Corporation Name
HOLIDAY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2085 UNIVERSITY DR. CORAL SPRINGS FL 33071	2085 UNIVERSITY DR. CORAL SPRINGS FL 33071

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/08/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2229269 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SOUTHEAST CONDOMINIUM MANAGEMENT
2085 UNIVERSITY
CORAL SPRINGS FL 33071

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 617.0502 and 617.1508, 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 617.0503, 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MACLEOD, ROSEMARY		1.2 NAME		
STREET ADDRESS	3678 UNIVERSITY DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	VDT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARGETT, JOHN		2.2 NAME		
STREET ADDRESS	3614 N UNIVERSITY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STARK, DAVID		3.2 NAME		
STREET ADDRESS	19490 BLACK OLIVE LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PASIER, MARY ANN		4. 2 NAME		
STREET ADDRESS	3608 N. UNIVERSITY DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	DISANTOS, FRANK		5.2 NAME	George Crespo	
STREET ADDRESS	3726 N UNIVERSITY DRIVE		5.3 STREET ADDRESS	3532 University Dr.	
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DEQUARTO		6.2 NAME		
STREET ADDRESS	3658 UNIVERSITY DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Ramsay Mae Lent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #