## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Feb 08, 2005 8:00 am Secretary of State **DOCUMENT # 763615** 02-08-2005 90010 042 \*\*\*\*61.25 1. Entity Name HOLIDAY VILLAGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address ていひょうだいい 2085 UNIVERSITY DR. 2085 UNIVERSITY DR. CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 2. Principal Place of Business 3. Mailing Address SOUTHEAST CONDO MGMT. 01122005 Chg-NP SOUTHEAST CONDO MGMT. CR2E037 (10/03) 2855 N. UNIVERSITY DR. STE 310 2855 N. UNIVERSITY DR. STE 310 4. FEI Number 59-2229269 Applied For CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 Not Applicable Zip Country Country \$8.75 Additional ILS 45 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOUTHEAST CONDOMINIUM MANAGEMENT SOUTHEAST CONDO MGMT. 2085 UNIVERSITY 2855 N. UNIVERSITY DR. STE 310. CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33065 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent staneture required when renstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition KREMER, SANDRA NAME NAME 3690 UNIVERSITY DR STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-ZIP DP ☐ Delete ☐ Addition BEALS, JO NAME MALAF 3628 UNIVERSITY DR. STREET ADDRESS STREET ADORESS CORAL SPRINGS, FL 33065 CITY.ST. ZIP CITY\_ST\_7/P TITLE Delete ☐ Change Addition TITL F PRICE, JIM NAME NAME STREET ADORESS 3744 UNIVERSITY DR. STREET ADDRESS CORAL SPRINGS, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOLE Change Addition CRESPO, GEORGE NAME NAME STREET ADDRESS 3532 UNIVERSITY DR STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CETY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME RAPKIN, LINDA NAME STREET ADDRESS 3658 UNIVERSITY DR. STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP TITLE Detete TITLE Change Addition KREMER, SANDRA NAME STREET ADDRESS 3690 UNIVERSITY DR STREET ADDRESS CITY-ST-ZP POMPANO BEACH, FL 33065 CITY-ST-ZIP 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.

JOSEPHINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #