

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767572 (1)

1. Corporation Name

HOLIDAY ESTATES, THIRD ADDITION, HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1575 SANDERLING DR.
ENGLEWOOD FL 34224

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ENGLEWOOD FL 34224

3. Date Incorporated or Qualified **03/21/1983** 3a. Date of Last Report **03/28/1995**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number **59-2386435** Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**R. WILLIAM WELLBAUM, JR.
350 INDIANA AVE. S.
ENGLEWOOD FL 33533**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, WILLIAM	1.2 NAME	Thomas E McInroy
STREET ADDRESS	1303 SANDERLING RD.	1.3 STREET ADDRESS	1405 SANDERLING DR
CITY-ST-ZIP	ENGLEWOOD, FL 00000	1.4 CITY-ST-ZIP	Englewood FL 34224
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BRAD	2.2 NAME	Thomas O'Rourke
STREET ADDRESS	1444 BLUE HERON DR	2.3 STREET ADDRESS	1467 SANDERLING DR.
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	Englewood FL 34224
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DREYER, ETHEL	3.2 NAME	Margaret Signor
STREET ADDRESS	1565 KISKADEE DR.	3.3 STREET ADDRESS	1544 Blue Heron
CITY-ST-ZIP	ENGLEWOOD, FL 00000	3.4 CITY-ST-ZIP	Englewood FL. 34224
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULER, JEAN	4.2 NAME	Everett Harris
STREET ADDRESS	1580 SANDERLING DR	4.3 STREET ADDRESS	2728 Grebe
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	Englewood FL 34224
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENNIS, MARK	5.2 NAME	Albert Murray
STREET ADDRESS	1451 BLUE HERON DR	5.3 STREET ADDRESS	1413 SANDERLING DR.
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	Englewood FL. 34224
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCINROY, TOM	6.2 NAME	Francis Williams
STREET ADDRESS	1405 SANDERLING DR	6.3 STREET ADDRESS	1592 Blue Heron
CITY-ST-ZIP	ENGLEWOOD FL	6.4 CITY-ST-ZIP	Englewood FL. 34224

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Thomas E McInroy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96
DATE

941-475-6014
Daytime Phone #

CR2E037 (12/95)