


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 12 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767572 (1)
 1. Corporation Name
**HOLIDAY ESTATES, THIRD ADDITION, HOMEOWNERS ASSO
 CIATION, INC.**

Principal Place of Business 1575 SANDERLING DR. ENGLEWOOD FL 34224	Mailing Address 1575 SANDERLING DR. ENGLEWOOD FL 34224
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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	Zip
24	29
Country	Country
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/21/1983	3a. Date of Last Report 03/28/1996
4. FEI Number 59-2386435	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	MCINROY, THOMAS E.
STREET ADDRESS	1405 SANDERLING DR
CITY-ST-ZIP	ENGLEWOOD, FL 00000
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	SMITH, BRAD
STREET ADDRESS	1444 BLUE HERON DR
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	DREYER, ETHEL
STREET ADDRESS	1585 KISKADEE DR.
CITY-ST-ZIP	ENGLEWOOD, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	SCHULER, JEAN
STREET ADDRESS	1580 SANDERLING DR
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ENNIS, MARK
STREET ADDRESS	1451 BLUE HERON DR
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCINROY, TOM
STREET ADDRESS	1405 SANDERLING DR
CITY-ST-ZIP	ENGLEWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Frances Williams
2.3 STREET ADDRESS	1592 Blue Heron Dr.
2.4 CITY-ST-ZIP	Englewood FL 34224
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Margaret Signor
3.3 STREET ADDRESS	1544 Blue Heron Dr
3.4 CITY-ST-ZIP	Englewood FL 34224
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Glady's Mate
5.3 STREET ADDRESS	2734 Tanager Ln.
5.4 CITY-ST-ZIP	Englewood FL 34224
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	John Brown
6.3 STREET ADDRESS	2788 Tanager Ln.
6.4 CITY-ST-ZIP	Englewood FL 34224

14. I do 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.

SIGNATURE _____ SIGNATURE REQUIRED

CR2E037 (4/97)