


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90106 001 ****61.25
 03-22-2004 90106 002 *****8.75

DOCUMENT # 767572

1. Entity Name
 HOLIDAY ESTATES, THIRD ADDITION, HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 1384 MALLARD DR.
 ENGLEWOOD, FL 34224

Mailing Address
 1384 MALLARD DR.
 ENGLEWOOD, FL 34224

00407042



2. Principal Place of Business
 1575 SANDERLING Dr.

3. Mailing Address
 1575 SANDERLING Dr.

Suite, Apt. #, etc.

01312004 Chg-NP CR2E037 (10/03)

City & State
 Englewood, FL

City & State
 Englewood, FL

Zip
 34224

Country
 Charlotte

4. FEI Number
 59-2386435

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WULP, SHARON V ESQ
 227 NOKOMS AVE. S
 VENICE, FL 34205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

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

Make check payable to **Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE P Delete <input checked="" type="checkbox"/> | O'CONNOR, VINNE 1384 MALLARD DR. ENGLEWOOD, FL 34224 | TITLE Pres Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | SCHAEFER, Gus 1354 Mallard Dr. Englewood, FL 34224 |
| TITLE VP Delete <input checked="" type="checkbox"/> | JUSTICE, JUOY 1358 BLUE HERON DR. ENGLEWOOD, FL 34224 | TITLE VP Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | Margaret MacIsaac 1574 Sanderling Dr. Englewood, FL 34224 |
| TITLE SD Delete <input type="checkbox"/> | HOLLNAGEL, GENE 1443 BLUE HERON DR. ENGLEWOOD, FL 34224 | TITLE | |
| TITLE TD Delete <input type="checkbox"/> | BENNETT, MARGARET 1312 MALLARD DR. ENGLEWOOD, FL 34224 | TITLE | |
| TITLE D Delete <input checked="" type="checkbox"/> | SCHAEFER, GUS 1354 MALLARD DR. ENGLEWOOD, FL 34224 | TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | Smith, Brad 1444 Blue Heron Dr. Englewood, FL 34224 |
| TITLE D Delete <input type="checkbox"/> | BROWN, JOHN 2738 TANAGER LN. ENGLEWOOD, FL 34224 | TITLE | |

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.

SIGNATURE: Gus Schaefer _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #