


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90046 040 ***150.00

DOCUMENT # F07228

1. Entity Name
HOLIDAY TRAVEL PARK CO-OP, INC.



Principal Place of Business
2261 OLD DIXIE HWY
BUNNELL, FL 32110 US

Mailing Address
2261 OLD DIXIE HWY
OFFICE
BUNNELL, FL 32110 US

40019761



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02142007 Chg-P CR2E034 (12/06)

City & State
Zip Country

4. FEI Number
59-2094700

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ANASTASI, ROBERTA T
2261 S OLD DIXIE HWY
BUNNELL, FL 32110

7. Name and Address of New Registered Agent

Name *Crandley, William*
Street Address (P.O. Box Number is Not Acceptable)
21 Village Drive
City *Flagler Beach* FL Zip Code *32110*

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. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	BUDDINGS, ARIE	
STREET ADDRESS	2261 S. OLD DIXIE HWY, LOT 132	
CITY-ST-ZIP	BUNNELL, FL 32110	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILCOX, GEORGE	
STREET ADDRESS	2261 S OLD DIXIE HWY LOT 117	
CITY-ST-ZIP	BUNNELL, FL 32110	
TITLE	T	<input type="checkbox"/> Delete
NAME	RANDY, CAYCE	
STREET ADDRESS	2261 S. OLD DIXIE HWY, LOT118	
CITY-ST-ZIP	BUNNELL, FL 32110	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUGHES, GORDON	
STREET ADDRESS	2261 S. OLD DIXIE HWY, LOT 90	
CITY-ST-ZIP	BUNNELL, FL 32110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREENLAW, GORDON	
STREET ADDRESS	2261 S. OLD DIXIE HWY, LOT 100	
CITY-ST-ZIP	BUNNELL, FL 32110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>D Conte, John</i>	
STREET ADDRESS	<i>PO Box 2430</i>	
CITY-ST-ZIP	<i>Pensacola, FL 32513</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: *Gordon Hughes Director* *HUGHES* *2/14/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #