

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H41813**

(7)

1. Corporation Name

HOLIDAY ISLE PROPERTIES, INC.



Principal Place of Business

**904 HIGHWAY 98 E
SHORELINE VILLAGE MALL
DESTIN FL 32541**

Mailing Address

**904 HIGHWAY 98 E
SHORELINE VILLAGE MALL
DESTIN FL 32541**

3. Date Incorporated or Qualified
02/08/1985

3a. Date of Last Report
02/07/1995

4. FEI Number

59-2534801

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

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DENNY, PATRICIA K.
238 SHUMPERT ST
FT. WALTON BEACH FL 32548**

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of individual who is officer, director, or the registered agent

Signature of Registered Agent (Signature required if not a corporation)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1. NAME

**PST
SIMPSON, MARION J
604 CHOCTAW DR
DESTIN FL**

☐ DELETE

1.1. TITLE

☐ Change ☐ Addition

1.2. STREET ADDRESS

1.2. NAME

1.3. CITY, ST, ZIP

1.3. STREET ADDRESS

1.4. CITY, ST, ZIP

1.4. CITY, ST, ZIP

1.5. NAME

2.1. TITLE

☐ Change ☐ Addition

1.6. STREET ADDRESS

2.2. NAME

1.7. CITY, ST, ZIP

2.3. STREET ADDRESS

1.8. CITY, ST, ZIP

2.4. CITY, ST, ZIP

1.9. NAME

3.1. TITLE

☐ Change ☐ Addition

1.10. STREET ADDRESS

3.2. NAME

1.11. CITY, ST, ZIP

3.3. STREET ADDRESS

1.12. CITY, ST, ZIP

3.4. CITY, ST, ZIP

1.13. NAME

4.1. TITLE

☐ Change ☐ Addition

1.14. STREET ADDRESS

4.2. NAME

1.15. CITY, ST, ZIP

4.3. STREET ADDRESS

1.16. CITY, ST, ZIP

4.4. CITY, ST, ZIP

1.17. NAME

5.1. TITLE

☐ Change ☐ Addition

1.18. STREET ADDRESS

5.2. NAME

1.19. CITY, ST, ZIP

5.3. STREET ADDRESS

1.20. CITY, ST, ZIP

5.4. CITY, ST, ZIP

1.21. NAME

6.1. TITLE

☐ Change ☐ Addition

1.22. STREET ADDRESS

6.2. NAME

1.23. CITY, ST, ZIP

6.3. STREET ADDRESS

1.24. CITY, ST, ZIP

6.4. CITY, ST, ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

904 8370009

CR2E034 (12/95)