

FILE NOW: FILING FEE IS \$61.25 + 8.75 = 70.00

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 FEB 29 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N05881 (0)
1. Corporation Name
HOLIDAY VILLAGE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1335 FLEMING AVENUE LOT #290 ORMOND BEACH FL 32174

3. Date Incorporated or Qualified 10/26/1984
3a. Date of Last Report 11/13/1995

2. Principal Place of Business 2a. Mailing Address
21 1335 FLEMING AVE-#290 26 1335 FLEMING AVE
22 Suite, Apt. #, etc. Lot 290 27 Suite, Apt. #, etc. LOT 290
23 City & State ORMOND BEACH, FL 28 ORMOND BEACH, FL
24 Zip 32174 25 Country VOLUSIA 29 Zip 32174 30 Country VOLUSIA

4. FEI Number 59-2888504
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
GREEN, GEORGE A
1335 FLEMING AVE.-BOX 290
ORMOND BEACH FL 32174

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, GEROGE A	1.2 NAME	
STREET ADDRESS	1335 FLEMING AVE.-BOX 290	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	
TITLE	VP/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYR, ROGER	2.2 NAME	
STREET ADDRESS	1335 FLEMING AVE.-BOX 108	2.3 STREET ADDRESS	7000001729977
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	-03/04/96--01003--036
TITLE	T/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN REESE	3.2 NAME	*****70.00 *****70.00
STREET ADDRESS	1335 FLEMING AVE.-BOX 303	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFORGE, LOUISE	4.2 NAME	
STREET ADDRESS	1335 FLEMING AVE.-BOX 31	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

George A. Green
2/14/96

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: George A. Green GEORGE A. GREEN 2/14/96 904-677-1532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)