


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90026 001 \*\*\*\*70.00

<b>DOCUMENT # N05881</b>			
1. Entity Name <b>HOLIDAY VILLAGE HOME OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>HOLIDAY VILLAGE MOBILE HOME PARK #227 ORMOND BEACH FL 32174</b>		Mailing Address <b>1335 FLEMING AVE. #227 ORMOND BEACH FL 32174</b>	
2. Principal Place of Business <b>SAME</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. <b># 287</b>		Suite, Apt. #, etc. <b># 287</b>	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>WARNER, WILLIAM M 1335 FLEMING AVE LOT # 227 ORMOND BEACH FL 32174</b>		4. FEI Number <b>59-2888504</b>	
7. Name and Address of New Registered Agent Name: <b>HILMA I. LAMONT</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
Street Address (P.O. Box Number is Not Acceptable) <b>1335 FLEMING AVE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City <b>ORMOND BEACH FL</b>		Zip Code <b>32174</b>	
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.		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: <i>Hilma I Lamont</i>		DATE: <b>2/8/05</b>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD WARNER, WILLIAM M 1335 FLEMING AVE #249 ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMONT HILMA I 1335 FLEMING AVE #287 ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLZSCHUH, DENNIS 1335 FLEMING AVE #249 ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROCCO ROSE 1335 FLEMING AVE #274 ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COS RODGERS, PATRICIA 1335 FLEMING AVE #10 ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DAVIS WILLIAM 1335 FLEMING AVE #106A ORMONA BE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLZSCHUH, ROBERT 1335 FLEMING AVE #226 ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOSEC PORTER BARBARA 1335 FLEMING AVE #107 ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARR, CLARENCE 1335 FLEMING AVE #124 ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLZSCHUH, DENNIS 1335 FLEMING AVE #249 ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COS LUECK, BEATRICE 1335 FLEMING AVE, #272 ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUECK, BEATRICE 1335 FLEMING AVE #272 ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Hilma I Lamont</i>		DATE: <b>2/8/05 (386) 677-0018</b>	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	