

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05881

FILED
Feb 20, 2008
Secretary of State

Entity Name: HOLIDAY VILLAGE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

HOLIDAY VILLAGE MOBILE HOME PARK
1335 FLEMING AVENUE, #203
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

HOLIDAY VILLAGE MOBILE HOME PARK
1335 FLEMING AVENUE, #203
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOMBARD, PATRICIA S
1335 FLEMING AVE
LOT # 203
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOMBARD, PATRICIA
Address: 1335 FLEMING AVE #203
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: HOLZSCHUH, DENNIS
Address: 1335 FLEMING AVE #249
City-St-Zip: ORMOND BEACH, FL 32174

Title: SC () Delete
Name: YOUNGBLOOD, DAVID
Address: 1335 FLEMING AVE LOT #205
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: DAVIS, BILL
Address: 1335 FLEMING AVE LOT #106A
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD () Delete
Name: TRACHTENBERG, BETTY
Address: 1335 FLEMING AVE #114
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: BURDICK, ROBERT
Address: 1335 FLEMING AVE #81
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SC (X) Change () Addition
Name: LUECK, BEATRICE
Address: 1335 FLEMING AVE LOT #272
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: HOLZSCHUH, ROBERT A
Address: 1335 FLEMING AVE #114
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA LOMBARD

PRES

02/20/2008

Electronic Signature of Signing Officer or Director

_____ Date