

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000003737 (2)**

1. Corporation Name

HOLIDAY HARBOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2063 MAIN STREET
SUITE 101
SARASOTA FL 34231

POST OFFICE BOX 38804
SARASOTA FL 34231

3. Date Incorporated or Qualified
08/04/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **1734 QUESTAR LANE**

26

4. FEI Number

65-0600455

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **SARASOTA, FL**

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **34231-5326** 25 **USA**

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOBECK, DANIEL J ESQUIRE
2063 MAIN STREET
SUITE 101
SARASOTA FL 34231

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRESIDENT - P/D
1.3 STREET ADDRESS	JEFFRGY J. STEPPEK
1.4 CITY-ST-ZIP	1734 QUESTAR LANG
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICE-PRESIDENT - V
2.3 STREET ADDRESS	DORIS DAVIS
2.4 CITY-ST-ZIP	1750 QUESTAR LANG
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TREASURER - T
3.3 STREET ADDRESS	SUZANNE M. STEPPEK
3.4 CITY-ST-ZIP	1734 QUESTAR LANG
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SECRETARY - S
4.3 STREET ADDRESS	MARY J. KLOMAN
4.4 CITY-ST-ZIP	7867 S. HOLIDAY DRIVE
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR - D/T
5.3 STREET ADDRESS	STEPHEN PADAR
5.4 CITY-ST-ZIP	1800 TOWHEE LANE
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIRECTOR - D
6.3 STREET ADDRESS	MARGARET MYETTE
6.4 CITY-ST-ZIP	1821 TOWHEE LANE

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: Suzanne M Stepek - SUZANNE M STEPPEK 4/25/96 941-921-5979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)