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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003737 (2)
 1. Corporation Name
HOLIDAY HARBOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1734 QUESTAR LANE SARASOTA FL 34231-5326 US	Mailing Address 1734 QUESTAR LANE SARASOTA FL 34231-5326 US
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3. Date Incorporated or Qualified 08/04/1995	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 65-0600455		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

LOBECK, DANIEL J ESQUIRE
2083 MAIN STREET
SUITE 101
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2083 MAIN STREET
83	SUITE 301
84 City	SARASOTA
85 Zip Code	FL 34231

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 DANIEL J. LOBECK, ESQUIRE DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	STEPEK, JEFFREY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1734 QUESTAR LANE		1.3 STREET ADDRESS	
SARASOTA FL		1.4 CITY-ST-ZIP	34231
V	DAVIS, DORIS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1750 QUESTAR LANE		2.1 TITLE	V D
SARASOTA FL		2.2 NAME	
T	STEPEK, SUZANNE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1734 QUESTAR LANE		2.3 STREET ADDRESS	
SARASOTA FL		2.4 CITY-ST-ZIP	34231
D	MYETTE, MARGARET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1819 TOWHEE LANE		3.1 TITLE	T D
SARASOTA FL		3.2 NAME	
DC	PADAR, STEPHEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1800 TOWHEE LANE		3.3 STREET ADDRESS	
SARASOTA FL		3.4 CITY-ST-ZIP	34231
S	KLOMAN, MARY J	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
7867 S. HOLIDAY DRIVE		4.1 TITLE	S D
SARASOTA FL		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	34231
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	34231
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	34231

14. 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 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. STEPEK 4-16-98 941-921-5979

CR2E037 (10/97)