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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003737

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/04/1995

4. FEI Number

65-0600455

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

9. Name and Address of Current Registered Agent

LOBECK, DANIEL J ESQUIRE
2033 MAIN ST
STE 301
SARASOTA FL 34237

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME STEPEK, JEFFREY
STREET ADDRESS 1734 QUESTAR LANE
CITY-ST-ZIP SARASOTA FL 34231

TITLE VD DELETE

NAME DAVIS, DORIS
STREET ADDRESS 1750 QUESTAR LANE
CITY-ST-ZIP SARASOTA FL 34231

TITLE TD DELETE

NAME STEPEK, SUZANNE
STREET ADDRESS 1734 QUESTAR LANE
CITY-ST-ZIP SARASOTA FL 34231

TITLE D DELETE

NAME MYETTE, MARGARET
STREET ADDRESS 1819 TOWHEE LANE
CITY-ST-ZIP SARASOTA FL 34231

TITLE DC DELETE

NAME PADAR, STEPHEN
STREET ADDRESS 1800 TOWHEE LANE
CITY-ST-ZIP SARASOTA FL 34231

TITLE SD DELETE

NAME KLOMAN, MARY J
STREET ADDRESS 7867 S. HOLIDAY DRIVE
CITY-ST-ZIP SARASOTA FL 34231

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]* RESUBMITTED BY STEPEK 3/4/99 941-921-5979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)