

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90015 019 \*\*\*\*61.25

0051983

**DOCUMENT # N95000003737**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0600455**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOBECK, DANIEL J ESQUIRE**  
**2033 MAIN ST**  
**STE 403**  
**SARASOTA FL 34237**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>STEPEK, JEFFREY</b>	
STREET ADDRESS	<b>1734 QUESTAR LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, DORIS</b>	
STREET ADDRESS	<b>1750 QUESTAR LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> Delete
NAME	<b>STEPEK, SUZANNE</b>	
STREET ADDRESS	<b>1734 QUESTAR LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MYETTE, MARGARET</b>	
STREET ADDRESS	<b>1819 TOWHEE LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>PADAR, STEPHEN</b>	
STREET ADDRESS	<b>1800 TOWHEE LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KLOMAN, MARY J</b>	
STREET ADDRESS	<b>7867 S. HOLIDAY DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	

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

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:** *Suzanne M. Stepek* **SUZANNE M STEPEK**

**3/18/02**

**941-921-5979**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)