


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90022 035 \*\*\*\*61.25

<b>DOCUMENT # N95000003737</b>	
1. Entity Name <b>HOLIDAY HARBOR HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>1734 QUESTAR LANE SARASOTA FL 34231-5326 US</b>	Mailing Address <b>1734 QUESTAR LANE SARASOTA FL 34231-5326 US</b>
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MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0600455</b>	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEPEK, JEFFREY			NAME			
STREET ADDRESS	1734 QUESTAR LANE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BALLINGER, DIANE			NAME			
STREET ADDRESS	7741 HOLIDAY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231			CITY-ST-ZIP			
TITLE	TSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEPEK, SUZANNE			NAME			
STREET ADDRESS	1734 QUESTAR LANE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231			CITY-ST-ZIP			
TITLE	DCV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PADAR, STEPHEN			NAME			
STREET ADDRESS	1800 TOWHEE LANE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLOMAN, MARY J			NAME			
STREET ADDRESS	7867 S. HOLIDAY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MECKMAN, STEVE			NAME			
STREET ADDRESS	7833 HOLIDAY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231			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** **2/3/2004** **941-921-5979**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #