


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000003737 1. Entity Name HOLIDAY HARBOR HOMEOWNERS ASSOCIATION, INC.	
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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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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0600455	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD STEPEK, JEFFREY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1734 QUESTAR LANE	NAME	
STREET ADDRESS	SARASOTA FL 34231	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	U00000219892 02/08/05-80045-006 61.25
TITLE	D BALLINGER, DIANE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7741 HOLIDAY DRIVE	NAME	
STREET ADDRESS	SARASOTA FL 34231	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TSD STEPEK, SUZANNE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1734 QUESTAR LANE	NAME	
STREET ADDRESS	SARASOTA FL 34231	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DCV PADAR, STEPHEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1800 TOWHEE LANE	NAME	
STREET ADDRESS	SARASOTA FL 34231	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MECKMAN, STEVE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7833 HOLIDAY DRIVE	NAME	
STREET ADDRESS	SARASOTA FL 34231	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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** 2/4/2005 941.921-5979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #