



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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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 _____

Filing Fee is \$61.25
Due by May 1, 2008

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

000000851099
 03/25/08-80025-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPEK, JEFFREY 1734 QUESTAR LANE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLINGER, DIANE 7741 HOLIDAY DRIVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD STEPEK, SUZANNE 1734 QUESTAR LANE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCV PADAR, STEPHEN 1800 TOWHEE LANE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, KEVIN 7828 HOLIDAY DRIVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **3-4-08** **941-921-5979**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #