

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003737

FILED
Feb 20, 2009
Secretary of State

Entity Name: HOLIDAY HARBOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1734 QUESTAR LANE
SARASOTA, FL 342315326 US

New Principal Place of Business:

Current Mailing Address:

1734 QUESTAR LANE
SARASOTA, FL 342315326 US

New Mailing Address:

FEI Number: 65-0600455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEPEK, JEFFREY
Address: 1734 QUESTAR LANE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: BALLINGER, DIANE
Address: 7741 HOLIDAY DRIVE
City-St-Zip: SARASOTA, FL 34231

Title: TSD () Delete
Name: STEPEK, SUZANNE
Address: 1734 QUESTAR LANE
City-St-Zip: SARASOTA, FL 34231

Title: DCV () Delete
Name: PADAR, STEPHEN
Address: 1800 TOWHEE LANE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: HALL, KEVIN
Address: 7828 HOLIDAY DRIVE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE M. STEPEK

TSD

02/20/2009

Electronic Signature of Signing Officer or Director

_____ Date