


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90184 047 ****61.25

DOCUMENT # N95000003737

1. Entity Name
HOLIDAY HARBOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

1734 QUESTAR LANE **1734 QUESTAR LANE**
SARASOTA FL 34231-5326 **SARASOTA FL 34231-5326**
US **US**

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 **65-0600455** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE BALLINGER	
STREET ADDRESS	7741 HOLIDAY DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DCV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE MECKMAN	
STREET ADDRESS	7833 HOLIDAY DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	

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** 4-9-03 941-921-5979

CR2E037 (10/02)