

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722427

**Entity Name:** HOLIDAY ESTATES ASSOCIATION, INC.

**Current Principal Place of Business:**

1445 SEAGULL DRIVE  
ENGLEWOOD, FL 34224

**FILED**  
**Jan 30, 2023**  
**Secretary of State**  
**3336726773CC**

**Current Mailing Address:**

1445 SEAGULL DRIVE  
ENGLEWOOD, FL 34224 US

**FEI Number: 59-2338384**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DUNKIN, DAVID A.  
170 W. DEARBORN STREET  
ENGLEWOOD, FL 33533-3290 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            PECK, DAVID  
Address        1445 SEAGULL DRIVE  
City-State-Zip: ENGLEWOOD FL 34224

Title            TREASURER  
Name            GUMBLE, BARBARA L  
Address        1445 SEAGULL DRIVE  
City-State-Zip: ENGLEWOOD FL 34224

Title            1ST VICE PRESIDENT  
Name            WALL, BENJAMIN  
Address        1445 SEAGULL DRIVE  
City-State-Zip: ENGLEWOOD FL 34224

Title            2ND VICE PRESIDENT  
Name            TULLIS, DAVID  
Address        1445 SEAGULL DRIVE  
City-State-Zip: ENGLEWOOD FL 34224

Title            DIRECTOR  
Name            GREENMAN, KAREN  
Address        1445 SEAGULL DRIVE  
City-State-Zip: ENGLEWOOD FL 34224

Title            SECRETARY, INTERIM  
Name            PECK, SARA  
Address        1445 SEAGULL DRIVE  
City-State-Zip: ENGLEWOOD FL 34224

Title            MEMBERSHIP SECRETARY  
Name            QUACKENBUSH, DOROTHY  
Address        1445 SEAGULL DRIVE  
City-State-Zip: ENGLEWOOD FL 34224

Title            DIRECTOR  
Name            BAKER, CHRISTOPHER  
Address        1445 SEAGULL DRIVE  
City-State-Zip: ENGLEWOOD FL 34224

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*I hereby 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 all other like empowered.*

**SIGNATURE: BARBARA L GUMBLE**

**TREASURER**

**01/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEONARD, MICHAEL  
Address 1445 SEAGULL DRIVE  
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR  
Name COBER, DUWAYNE  
Address 1445 SEAGULL DRIVE  
City-State-Zip: ENGLEWOOD FL 34224

Title DIRECTOR  
Name FISCHER, RALPH  
Address 1445 SEAGULL DRIVE  
City-State-Zip: ENGLEWOOD FL 34224