## 2019 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

**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

**FILED** Mar 02, 2019

**Secretary of State** 

3249941169CC

Officer/Director Detail:

Title **TREASURER** Title VΡ

WILSON, DEBORA L Name PECK, SARA Name

1345 KINGFISHER DR. Address 1355 FLAMINGO DR Address

City-State-Zip: ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 City-State-Zip:

Title DIRECTOR Title **PRES** 

Name MARTINI, FRANK COBER, JUDY Name Address 1356 IBIS DRIVE Address 1248 KINGFISHER DR.

ENGLEWOOD FL 34224 City-State-Zip: City-State-Zip: ENGLEWOOD FL 34224

Title **SECRETARY** 

WIERZBICKI, SANDRA L. Name

1280 IBIS DRIVE Address

City-State-Zip: ENGLEWOOD FL 34224

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: DEBORA L. WILSON Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

03/02/2019 Date