

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757389

Entity Name: HOLIDAY CONDOMINIUM, INC.**Current Principal Place of Business:**16410 SAN CARLOS BLVD
FT. MYERS, FL 33908**Current Mailing Address:**16410 SAN CARLOS BLVD
FT. MYERS, FL 33908 US**FEI Number:** 59-2821709**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
12140 CARISSA COMMERCE CT STE 200
FORT MYERS, FL 33966 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	VP
Name	PFAFF, KENNETH
Address	11560 WILD FLAX DR.
City-State-Zip:	FORT MYERS FL 33908

Title	T
Name	GIFFORD, KEN
Address	11641 CARDIFF DR.
City-State-Zip:	FORT MYERS FL 33908

Title	P
Name	HARRINGTON, PHIL
Address	11760 WILD FLAX DR.
City-State-Zip:	FORT MYERS FL 33908

Title	D
Name	MOORE, LYNN
Address	11571 PAPERSHELL
City-State-Zip:	FT. MYERS FL 33908

Title	SECRETARY
Name	HOGSTEN, J.P.
Address	16330 FALSTAFF LANE
City-State-Zip:	FT. MYERS FL 33908

Title	DIRECTOR
Name	CARROLL, CHARLIE
Address	16331 FALSTAFF LN.
City-State-Zip:	FT. MYERS FL 33908

Title	DIRECTOR
Name	CRAMER, JULIANA
Address	11680 ARIANA DR.
City-State-Zip:	FT. MYERS FL 33908

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: PHIL HARRINGTON**PRESIDENT****04/02/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date