

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10523

**FILED**  
**Feb 02, 2013**  
**Secretary of State**  
**CC8297776415**

**Entity Name:** HOLIDAY BEACH ON THE GULF PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4121 NANCEE DR  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

4121 NANCEE DR  
PANAMA CITY BEACH, FL 32408 US

**FEI Number: 59-3151517**

**Certificate of Status Desired: Yes**

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

MAROLLA, TED  
4121 NANCEE DR  
PANAMA CITY BEACH, FL 32408 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 V  
Name TUNRNER, MIKE  
Address 1307 SHILOH TRAIL EAST  
City-State-Zip: KENNESAW GA 30144

Title D  
Name PEAVY, JACK  
Address 4129 DANNY DR  
City-State-Zip: PANAMA CITY FL 32408

Title PD  
Name HUGHES, CLIFFORD  
Address 911 ITCHIA GIN RD.  
City-State-Zip: CARROLLTON GA 30116

Title D  
Name PINNER, TOM  
Address 4123 DANNY DR  
City-State-Zip: PANAMA CITY FL 32408

Title SD  
Name SLIMP, RITA  
Address 4976 NOTTINGHAM LN  
City-State-Zip: BIRMINGHAM AL 35223

Title TD  
Name MAROLLA, TED  
Address 4121 NANCEE DR  
City-State-Zip: PANAMA CITY FL 32408

*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: TED MAROLLA**

**TREASURARY**

**02/02/2013**

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

\_\_\_\_\_  
Date