


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 296652 1. Entity Name HOLIDAY HOUSING ASSOCIATION, INC.	
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Principal Place of Business 565 NORTH ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169-2453	Mailing Address P.O. BOX 1854 WINTER PARK, FL 32790
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04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1101586	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HALE, RAYMOND L 565 NORTH ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32069

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000753812 05/22/07-80096-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEGMAN, JOSEPH 3120 WARSAW AVE FIRHOUSE #24 CINCINNATI, OH 45205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COX, GERALD 6031 NIEDERLANDER LANE MECHANICSBURG, OH 43044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD EVANS, CORA B 141 W KINGS WAY WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOUCHELLE WREGE, JULIA 1366 LITTLE WILLEO RD NE MARIETTA, GA 30068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OSTERHOUT, GARY 1933 LADY BUG LANE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: Cora B Evans 4-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #