

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 296652	
1. Entity Name HOLIDAY HOUSING ASSOCIATION, INC.	
Principal Place of Business 565 NORTH ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169-2453	Mailing Address P.O. BOX 1854 WINTER PARK, FL 32790



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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**

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05/28/08-30079-025 150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

Daytime Phone #