

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 296652

FILED
Apr 27, 2009
Secretary of State

Entity Name: HOLIDAY HOUSING ASSOCIATION, INC.

Current Principal Place of Business:

565 NORTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 321692453

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1854
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 59-1101586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALE, RAYMOND L
565 NORTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32069 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEGMAN, JOSEPH
Address: 3120 WARSAW AVE FIRHOUSE #24
City-St-Zip: CINCINNATI, OH 45205

Title: D () Delete
Name: COX, GERALD
Address: 6031 NIEDERLANDER LANE
City-St-Zip: MECHANICSBURG, OH 43044

Title: TD () Delete
Name: EVANS, CORA B
Address: 141 W KINGS WAY
City-St-Zip: WINTER PARK, FL 32789

Title: SD () Delete
Name: BOUCHELLE WREGE, JULIA
Address: 1366 LITTLE WILLEO RD NE
City-St-Zip: MARIETTA, GA 30068

Title: D () Delete
Name: OSTERHOUT, GARY
Address: 1933 LADY BUG LANE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORA B. EVANS

TD

04/27/2009

Electronic Signature of Signing Officer or Director

Date