2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# 296652

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

OFFICERS AND DIRECTORS:

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

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

Title: TD
Name: GOSHAW, MARTHA
Address: 375 HICKORY SPRINGS PL
City-St-Zip: DEBARY, FL 32713

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

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

Title: D
Name: MCCOY, MARY ANN
Address: 3708 23RD ST N
City-St-Zip: ARLINGTON, VA 22207

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH WEGMAN PD 04/25/2012

Electronic Signature of Signing Officer or Director Date