


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 325313

1. Entity Name
 THE SECOND HOLIDAY HOUSING ASSOCIATION, INC.



Principal Place of Business
 501 E. CHURCH STREET
 ORLANDO, FL 32801

Mailing Address
 501 E. CHURCH STREET
 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-1226073

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK, JOHN M.
 501 EAST CHURCH STREET
 ORLANDO, FL 32801

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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 _____ (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	VP GATCHEL, PATTY 1000 GROVE MANOR DRIVE SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALL, TOM 9 THOMAS AVENUE TILLSONBURGH, ONTARIO, n4g5k1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCORMICK, JOHN 648 WORTHINGTON DR WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELDER, CAROLE 6804 ANOKA DR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000845301
 03/18/08-80006-016 150.00

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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **407-671-2448**