

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90027 045 ***150.00

DOCUMENT # 334465

1. Entity Name

HOLIDAY COVE SOUTH, INC.



Principal Place of Business

1111 SOUTH HILL STREET
NEW SMYRNA BCH FL 32169-3001

Mailing Address

1111 SOUTH HILL STREET
NEW SMYRNA BCH FL 32169-3001



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-1260420**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUBOIS, RICHARD
1111 S. HILL STREET
APT L-3
NEW SMYRNA BEACH FL 32169

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

HELEN HICKS

Helen Hicks

3/18/08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BLADWIN, RUSSELL	
STREET ADDRESS	2185 PAKR AVE NORTH	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	P	<input type="checkbox"/> Delete
NAME	DUBOIS, RICHARD	
STREET ADDRESS	1111 S. HILL STREET; APT.L-3	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	T	<input type="checkbox"/> Delete
NAME	HICKS, HELEN	
STREET ADDRESS	1751 VALLEY FORGE RD.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BALDWIN, RICHARD JR	
STREET ADDRESS	1550 DALE AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICKS, WILLIAM T	
STREET ADDRESS	1751 VALLEY EORGE RD	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOPKINS, DICK	
STREET ADDRESS	25 FAIRGREEN AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE MCCANDLESS	
STREET ADDRESS	PORT ORANGE, FL 32127	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Helen Hicks

3/18/08

407-898-2347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #