## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State **DOCUMENT # 700335** 05-09-2005 90299 032 \*\*\*\*61.25 HOLLIEANA SHORES CITIZENS ASSOCIATION, INC. MAITLAND, FLORIDA Principal Place of Business Mailing Address ELIZABETH ABELY **ELIZABETH ABELY** TOTIUM. 100 TANGELO CT 100 TANGELO CT MAITLAND, FL 32751 MAITLAND, FL 32751 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03192005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mely HOLLEY, THOMAS B Street Address (P.O. Box Number is Not Acceptable) 401 ADAMS DR MAITLAND, FL 32751 <sup>7</sup>32751 Maithand 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 regimered agent. SIGNATURE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE CASTELLO, DAVID NAME NAME 127 HOLLIE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP TITLE ☐ Change **M** Addition ПΠЕ Delete NAME DEL VALLE, MANNY NAME TEYlor, Jim 107 Hollie Court 117 HOLLIE CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP maitland , FL 32751 Delete TITLE Change ☐ Addition ABELY, ELIZABETH NAME NAME 100 TANGELO CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP ПΠЕ TITLE ☐ Change Addition Delete Reedy, Vickie STUART DAY, MARY NAME 103 Hollie Ct 107 TANGELO CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP Maitland, FL 32751 ППЕ Delete ΠŒΕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete THE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 617, 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.

**FILED** 

May 09, 2005 8:00 am