

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700335

FILED
Jun 16, 2008
Secretary of State

Entity Name: HOLLIEANA SHORES CITIZENS ASSOCIATION, INC. MAITLAND, FLORIDA

Current Principal Place of Business:

107 WHITECAPS CIRCLE
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

107 WHITECAPS CIRCLE
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PLAYER, THOMAS
107 WHITECAPS CIRCLE
MAITLAND, FL 32751 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 () Delete
Name: COSTELLO, DAVID
Address: 127 HOLLIE CT
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: TAYLOR, JIM
Address: 107 HOLLIE COURT
City-St-Zip: MAITLAND, FL 32751

Title: TD () Delete
Name: PLAYER, THOMAS
Address: 107 WHITECAPS CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: SD () Delete
Name: REEDY, VICKIE
Address: 103 HOLLIE COURT
City-St-Zip: MAITLAND, FL 32751

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:

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

SIGNATURE: THOMAS PLAYER

TD

06/16/2008

Electronic Signature of Signing Officer or Director

Date