

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **711298** (0)

1. Corporation Name

**HOLIDAY HEIGHTS CIVIC ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

5103 20TH ST. W  
5103 20TH STREET W.  
BRADENTON FL 34207  
US

5103 20TH ST.. W  
5103 20TH STREET W.  
BRADENTON FL 34207  
US

3. Date Incorporated or Qualified

**08/05/1966**

3a. Date of Last Report

**03/09/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0039236**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERES, ETHEL  
5103 20TH STREET W.  
BRADENTON FL 34207**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BERES, ETHEL</b>	
STREET ADDRESS	<b>5103 20TH ST. W.</b>	
CITY - ST - ZIP	<b>BRADENTON FL</b>	
TITLE	<del>PD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>WAITE, CLARK</del>	
STREET ADDRESS	<del>5116 18TH ST</del>	
CITY - ST - ZIP	<del>BRADENTON FL</del>	
TITLE	<del>TD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>RYSANEK, JEAN</del>	
STREET ADDRESS	<del>1807 47TH AVE., DR., W</del>	
CITY - ST - ZIP	<del>BRADENTON FL</del>	
TITLE	<del>VPD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>HARRISON, KENNETH</del>	
STREET ADDRESS	<del>4804 21ST ST. W</del>	
CITY - ST - ZIP	<del>BRADENTON FL</del>	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>DENOON, ROBERT</del>	
STREET ADDRESS	<del>2302 47TH AVE. W.</del>	
CITY - ST - ZIP	<del>BRADENTON FL</del>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PERMANE, ROBERT</b>	
STREET ADDRESS	<b>2103 - 51ST AVE W</b>	
CITY - ST - ZIP	<b>BRADENTON FL</b>	

1.1 TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BERES, ETHEL</b>	
1.3 STREET ADDRESS	<b>5103 20th St W</b>	
1.4 CITY - ST - ZIP	<b>Bradenton FL</b>	
2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HENNESSY, Daniel W</b>	
2.3 STREET ADDRESS	<b>2004 52nd Ave</b>	
2.4 CITY - ST - ZIP	<b>Bradenton FL</b>	
3.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>WELCH, Charles M</b>	
3.3 STREET ADDRESS	<b>2203 48th Ave W</b>	
3.4 CITY - ST - ZIP	<b>Bradenton FL</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>COPELAND, Kimberly</b>	
5.3 STREET ADDRESS	<b>1803 49th Ave W</b>	
5.4 CITY - ST - ZIP	<b>Bradenton FL</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>WAITE, Clark</b>	
6.3 STREET ADDRESS	<b>5116 18th Ave W</b>	
6.4 CITY - ST - ZIP	<b>Bradenton FL</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Ethel Beres*

03/19/96

(941) 756-4185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)