

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90117 002 \*\*\*\*61.25

DOCUMENT # 711298

1. Corporation Name

HOLIDAY HEIGHTS CIVIC ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

08/05/1966

4. FEI Number

65-0039236

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE VPD  
NAME BERES, ETHEL  
STREET ADDRESS 5103 20TH ST. W.  
CITY-ST-ZIP BRADENTON FL ☐ DELETE

TITLE PD  
NAME HANNESSY, DANIEL W  
STREET ADDRESS 2004 52ND AVE.  
CITY-ST-ZIP BRADENTON FL ☒ DELETE

TITLE TD  
NAME STOVER, NORMA  
STREET ADDRESS 5105 20TH ST. W.  
CITY-ST-ZIP BRADENTON FL ☐ DELETE

TITLE SD  
NAME SWINDLE, KATHY  
STREET ADDRESS 5009 19TH ST. W.  
CITY-ST-ZIP BRADENTON FL ☐ DELETE

TITLE D  
NAME WAITE, CLARK  
STREET ADDRESS 5116 18TH AVE W  
CITY-ST-ZIP BRADENTON FL ☐ DELETE

TITLE D  
NAME PERMANE, ROBERT  
STREET ADDRESS 2103 - 51ST AVE W  
CITY-ST-ZIP BRADENTON FL ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Ethel Beres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 09, 1999 (941) 756-4185

Date

Daytime Phone #

CR2E037 (11/98)