

FILED

Mar 21, 2005 8:00 am  
Secretary of State

03-21-2005 90121 040 \*\*\*\*61.25

50029511



02212005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1385595 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

HOLIDAY ISLES PROPERTY MGMT., INC.  
7850 ULMERTON ROAD, SUITE #1  
LARGO, FL 34641

Name

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

Suite 124

City

Largo

FL

Zip Code

33773

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 20059. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete  
NAME MAYER, VICKIE  
STREET ADDRESS 1433 S. BELCHER RD. #G9  
CITY-ST-ZIP CLEARWATER, FL 33764TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE PD ☒ Delete  
NAME SCHMIDT, KEN  
STREET ADDRESS 1433 S BELCHER RD #G2  
CITY-ST-ZIP CLEARWATER, FL 33764TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VD ☐ Delete  
NAME HINERMAN, MICHELE  
STREET ADDRESS 1433 S BELCHER RD #G8  
CITY-ST-ZIP CLEARWATER, FL 33764TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE T/O ☐ Delete  
NAME Arico, SAC  
STREET ADDRESS 1433 S. Belcher rd G-20  
CITY-ST-ZIP C/R FL. 33764TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: Michele Hinerman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05

Date

548-8200

Daytime Phone #

Michele Hinerman