

FILED
Jun 14, 2007 8:00 am
Secretary of State

06-14-2007 90002 026 ****70.00

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 716401																																																		
1. Entity Name ORMOND HOLIDAY CLUB ASSOCIATION, INC.																																																		
Principal Place of Business 815 OCEAN SHORE BLVD APT 3 ORMOND BEACH, FL 32176 US		Mailing Address 815 OCEAN SHORE BLVD APT 3 ORMOND BEACH, FL 32176 US																																																
DO NOT WRITE IN THIS SPACE																																																		
40120758																																																		
04082007 No Chg-NP		CR2E037 (4/06)																																																
4. FEI Number 56-0944005		Applied For Not Applicable																																																
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																
6. Name and Address of Current Registered Agent BALDRIDGE, BABETTE J 815 OCEAN SHORE BLVD ORMOND BEACH, FL 32176		DO NOT WRITE IN THIS SPACE																																																
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: <u>Baldrige J Baldrige</u> DATE: <u>4/27/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)																																																		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																
10. OFFICERS AND DIRECTORS																																																		
<table border="1"><tr><td>TITLE</td><td>V</td></tr><tr><td>NAME</td><td>HURLBURT, JOHN Dan Kemp - Vice Pres</td></tr><tr><td>STREET ADDRESS</td><td>3327 LAKE SHORE DR 815 Ocean Shore Blvd 8</td></tr><tr><td>CITY-ST-ZIP</td><td>ORLANDO, FL 32803 Ormond Beach, FL 32176</td></tr><tr><td>TITLE</td><td>T</td></tr><tr><td>NAME</td><td>COLLARD, DONALD</td></tr><tr><td>STREET ADDRESS</td><td>11 LEVEL ACRES RD</td></tr><tr><td>CITY-ST-ZIP</td><td>ATTLEBORO, MA 02703</td></tr><tr><td>TITLE</td><td>D Sandra Walters</td></tr><tr><td>NAME</td><td>KEMP, DAN 480 Warner Trail</td></tr><tr><td>STREET ADDRESS</td><td>816 OCEAN SHORE SUITE 6 Enterprise, FL 32725</td></tr><tr><td>CITY-ST-ZIP</td><td>ORMOND BEACH, FL 32176</td></tr><tr><td>TITLE</td><td>S</td></tr><tr><td>NAME</td><td>FALLAW, MARTHA</td></tr><tr><td>STREET ADDRESS</td><td>5374 ASHLEY CT</td></tr><tr><td>CITY-ST-ZIP</td><td>DUNWOODY, GA 30338</td></tr><tr><td>TITLE</td><td>D Jeff Mancinik</td></tr><tr><td>NAME</td><td>COOK, CHARLOTTE 9724 N Armand</td></tr><tr><td>STREET ADDRESS</td><td>4254 PEACHTREE DUNWOODY ROAD Suite 300, Tampa, FL 33612</td></tr><tr><td>CITY-ST-ZIP</td><td>ATLANTA, GA 30342</td></tr><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>WILLIAMS, VIRGINIA</td></tr><tr><td>STREET ADDRESS</td><td>449 28TH AVENUE</td></tr><tr><td>CITY-ST-ZIP</td><td>SAN MATEO, CA 94403</td></tr></table>			TITLE	V	NAME	HURLBURT, JOHN Dan Kemp - Vice Pres	STREET ADDRESS	3327 LAKE SHORE DR 815 Ocean Shore Blvd 8	CITY-ST-ZIP	ORLANDO, FL 32803 Ormond Beach, FL 32176	TITLE	T	NAME	COLLARD, DONALD	STREET ADDRESS	11 LEVEL ACRES RD	CITY-ST-ZIP	ATTLEBORO, MA 02703	TITLE	D Sandra Walters	NAME	KEMP, DAN 480 Warner Trail	STREET ADDRESS	816 OCEAN SHORE SUITE 6 Enterprise, FL 32725	CITY-ST-ZIP	ORMOND BEACH, FL 32176	TITLE	S	NAME	FALLAW, MARTHA	STREET ADDRESS	5374 ASHLEY CT	CITY-ST-ZIP	DUNWOODY, GA 30338	TITLE	D Jeff Mancinik	NAME	COOK, CHARLOTTE 9724 N Armand	STREET ADDRESS	4254 PEACHTREE DUNWOODY ROAD Suite 300, Tampa, FL 33612	CITY-ST-ZIP	ATLANTA, GA 30342	TITLE	P	NAME	WILLIAMS, VIRGINIA	STREET ADDRESS	449 28TH AVENUE	CITY-ST-ZIP	SAN MATEO, CA 94403
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 ☐ ke empowered. SIGNATURE: <u>[Signature]</u> DATE: <u>4/27/07</u> 441-1535 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																		