


FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **718818** (8)

1. Corporation Name

**HOLIDAY GARDENS CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**5034 VICTORIA LANE  
HOLIDAY FL 34690  
US**

**5034 VICTORIA LANE  
HOLIDAY FL 34690-4459  
US**



3. Date Incorporated or Qualified **07/07/1970** 3a. Date of Last Report **04/05/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number **59-2875204** 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**

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

**COLEMAN, JAMES L.  
5034 VICTORIA LANE  
HOLIDAY FL 34690**

81 Name **SAME**  
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>V</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, KATHRYN</b>	1.2 NAME	
STREET ADDRESS	<b>2209 MAUREEN DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLIDAY FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENNING, LUCILLE</b>	2.2 NAME	
STREET ADDRESS	<b>5119 MITSI LANE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLIDAY FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>5113 MILE STRETCH</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLIDAY FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARCHIO, PAT</b>	4.2 NAME	
STREET ADDRESS	<b>2114 LYRA DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLIDAY FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURRI, LARRY</b>	5.2 NAME	<b>S</b>
STREET ADDRESS	<b>5040 VICTORIA LANE</b>	5.3 STREET ADDRESS	<b>MARION WELSH</b>
CITY - ST - ZIP	<b>HOLIDAY FL</b>	5.4 CITY - ST - ZIP	<b>5338 NANCY LN</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLEMAN, JAMES L.</b>	6.2 NAME	
STREET ADDRESS	<b>5034 VICTORIA LANE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLIDAY FL</b>	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **James L. Coleman** **5/14/97** **813** **937.6069**

CR2E037 (9/96)