6-198 B7882 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

718818

(8)

HOLIDAY GARDENS CIVIC ASSOCIATION, INC.

FILED Jun 01 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			EN BIDIK GRON BIDIK BIDIK BIDIK DIBIK RUDI
5034 VICTORIA LANE		5034 VICTORIA LANE		3. Date Incorporated or Qualified	
HOLIDAY FL 34690		HOLIDAY FL 34690		07/07/1970	
US		U\$		4. FEI Number	Applied For
				59-2875204	Not Applicable
2. Principal Place of Business 2a. Mailing Address				5. Certificate of Status Desired	□ \$8.75 Additional
21 2140		28 2140 PAM	PelA DR		Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State		City & State		Trust Fund Contribution	Added to Fees
23 Holiday Fl.		28 Holiday FL.		7. Is this nonprofit corporation a homeowners association? XYes No	
Zip	Country	Zip	Country	8. This corporation owes or has pair	
24 3 4 6 1		29 34690 30	¬ ^ `	Personal Property Tax due June	Maria
	9. Name and Address of Current			10. Name and Address of New Reg	
			81 Name	CATALOGA P. C.	A 0
COLEMAN, JAMES L.			62 Street	PATRICAA ROGER Address (P.O. Box Number is Not Acceptable	
5034 VICTORIA LANE			000	2140 PAMELA	OR
HOLIDAY FL 34690					
	· · · · · ·		84 City		85 Zip Code
		10171500 51 17 0		Holiday	FL 34690
11. Pursuant 1 office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State (and 617.150B, Florida Statutes, of Florida. Such change was aut	, the above-named horized by the corr	corporation submits this statement for the proporation's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503, Floric	da Statutes		tarled
SIGNATURE _	Signature, typed or printed name of registered ager	CS Pres.	Jave	required when reinstating)	DATE 98
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	V	DELETE	1.1 TITLE VAP	V-P	Change Addition
NAME	ANDERSON, KATHRYN		1.2 NAME	BEA CARLSON	
STREET ADDRESS	2209 MAUREEN DR.		1.3 STREET ADDRESS	5131 VICTORIA LN	
CITY-ST-ZIP	HOLIDAY FL		1.4 CITY - ST - ZIP	HOLIDAY PL 346	96
TITLE	T	☐ DELETE	2.1 TITLE	JIM COLEMAN	Change Addition
NAME	HENNING, LUCILLE		2.2 NAME	5034 VICTORIA	LN
STREET ADDRESS	5119 MITSI LANE		2.3 STREET ADORESS		
CITY-ST-ZIP	HOLIDAY FL		2.4 CITY-ST-ZIP	Holiday FL. 39	1690
TITLE	D	☐ DELETE	3.1 TITLE	DIRECTOR	Change
NAME	ANDERSON, JOHN		3.2 NAME	MARION WEISH	•
STREET ADDRESS	5113 MILE STRETCH		3.3 STREET ADDRESS	5338 MANCY LM	
CITY-ST-ZIP	HOLIDAY FL		3.4. CITY - ST - ZIP		4690
TITLE	D	☐ DELETE	4.1 TITLE 🗘	Jim Goul O	∠d Change ☐ Addition
NAME	CARCHIO, PAT		4. 2 NAME	3136 MAUREEN	DR
STREET ADDRESS	2114 LYRA DRIVE		4.3 STREET ADDRESS]	34690
CITY-ST-ZIP	HOLIDAY FL	DELETE	4.4 CITY-ST-ZIP	7,01,1	Change Addition
TITLE	D MEI OLI MADIONI		5.1 TITLE D	AL MORRIS	
NAME ATOME ADDOCSO	WELSH, MARION 5338 NANCY LANE		CA OTOCCT ADDDCCO		LY
STREET ADDRESS	HOLIDAY FL		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Holida FL 3 PRESIDENT PATRICIA ROSERS 2140 PAMOLA DR	24690
CITY-ST-ZIP TITLE	p	☐ DELETE	6.1 TITLE	Alaci Dent	Change Addition
NAME	COLEMAN, JAMES L.		6.2 NAME	Dames de Dames de	
STREET ADDRESS	5034 VICTORIA LANE		6.3 STREET ADDRESS	THINIEVA KOGERS	`
CITY-ST-ZIP	HOLIDAY FL		6.4 CITY-ST-ZIP	HOLIDAY EX	34690
14. I hereby o	certify that the information supplied with	h this filing does not qualify for t	the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I f	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 it made under oath; that I am an office or director of the concording or the receiver or trustee empowered to execute this report as required by Chantre 617. Florida Statutes: and that my name appears in					
Block 12 or Block 13 if changed, or on an attachment with an address.					