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**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90087 045 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 718818**

1. Corporation Name

**HOLIDAY GARDENS CIVIC ASSOCIATION, INC.**

Principal Place of Business

**2140 PAMELA DR 5131 VICTORIA LN  
HOLIDAY FL 34690  
US**

Mailing Address

**2140 PAMELA DR 5131 VICTORIA LN  
HOLIDAY FL 34690  
US**



2. Principal Place of Business

**21 Holiday Gardens**

2a. Mailing Address

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**07/07/1970**

4. FEI Number

**59-2875204**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**ROGERS, PATRICIA  
2140 PAMELA DR  
HOLIDAY FL 34690**

**Bea Carlson  
5131 VICTORIA LN.  
HOLIDAY FL 34690**

10. Name and Address of New Registered Agent

81 Name

**Bea Carlson**

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

**5131 VICTORIA LN**

83

**Holiday F**

84 City

**Holiday F**

**FL**

85 Zip Code

**34690**

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 **Bea Carlson**

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 ☐ DELETE

**VP  
NAME CARLSON, BEA  
STREET ADDRESS 5131 VICTORIA LN  
CITY-ST-ZIP HOLIDAY FL 34690**

TITLE ☐ DELETE

**T  
NAME COLEMAN, JIM  
STREET ADDRESS 5034 VICTORIA LN  
CITY-ST-ZIP HOLIDAY FL 34690**

TITLE ☐ DELETE

**D  
NAME WELSH, MARION  
STREET ADDRESS 5338 NANCY LN  
CITY-ST-ZIP HOLIDAY FL 34690**

TITLE ☐ DELETE

**D  
NAME GOOL, JIM O  
STREET ADDRESS 3136 MAUREEN DR  
CITY-ST-ZIP HOLIDAY FL 34690**

TITLE ☐ DELETE

**D  
NAME MORRIS, AL  
STREET ADDRESS 5013 TAMMY LN  
CITY-ST-ZIP HOLIDAY FL 34690**

TITLE ☐ DELETE

**P  
NAME ROGERS, PATRICIA  
STREET ADDRESS 2140 PAMELA DR  
CITY-ST-ZIP HOLIDAY FL 34690**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**P  
NAME CARLSON BEA  
1.2 NAME 5131 VICTORIA LN.  
1.3 STREET ADDRESS HOLIDAY FL. 34690.**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

**VP  
NAME MARION WELSH.  
3.2 NAME 5338 NANCY LN.  
3.3 STREET ADDRESS HOLIDAY FL 34690.**

4.1 TITLE ☐ Change ☐ Addition

**D  
NAME HARRY CARLSON.  
4.2 NAME 5131 VICTORIA LN  
4.3 STREET ADDRESS HOLIDAY FL 34690**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

**D  
NAME PATRICIA NADEAU  
6.2 NAME 2222 PRESTIGE DR  
6.3 STREET ADDRESS HOLIDAY FL 34690**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: SIGNATURE REQUIRED** **Bea Carlson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0072503

CR2E037-11/98