

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90010 040 ****61.25

DOCUMENT # 718818

1. Entity Name

HOLIDAY GARDENS CIVIC ASSOCIATION, INC.



Principal Place of Business

5034 VICTORIA LN.
HOLIDAY FL 34690
US

Mailing Address

5034 VICTORIA LN.
HOLIDAY FL 34690
US

J404711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-2875204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMPO, NORMAN
5138 VICTORIA LN.
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name

George Ecklar

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

5119 MITZI LN

City

HOLIDAY FL

FL

Zip Code

34690

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 GEORGE ECKLAR JR.

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

(NOTE: Registered agent signature required when re-registering)

3-29-04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME CHAMBO, NORM
STREET ADDRESS 5138 VICTORIA LN.
CITY-ST-ZIP HOLIDAY FL 34690

TITLE ☐ Delete
NAME COLEMAN, JAMES L
STREET ADDRESS 5034 VICTORIA LN.
CITY-ST-ZIP HOLIDAY FL 34690

TITLE ☐ Delete
NAME ECKLAR, GEORGE
STREET ADDRESS 5119 MITZI LN.
CITY-ST-ZIP HOLIDAY FL 34690

TITLE ☐ Delete
NAME COLEMAN, LUCILLE M
STREET ADDRESS 5034 VICTORIA LN
CITY-ST-ZIP HOLIDAY FL 34690

TITLE ☐ Delete
NAME ECKLAR, CHRISTINO
STREET ADDRESS 5118 MITZI LN.
CITY-ST-ZIP HOLIDAY FL 34690

TITLE ☒ Delete
NAME BORTLER, VIRGINIA
STREET ADDRESS 2101 LYRA DR.
CITY-ST-ZIP HOLIDAY FL 34690

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME V. PRESIDENT
STREET ADDRESS CHAMBO NORM
CITY-ST-ZIP 5138 VICTORIA LN
HOLIDAY FL 34690

TITLE ☐ Change ☐ Addition
NAME E SAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS ECKLAR GEORGE
CITY-ST-ZIP 5119 MITZI LN
HOLIDAY FL 34690

TITLE ☐ Change ☐ Addition
NAME E SAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME DIRECTOR
STREET ADDRESS SAME
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS MURRAY ROBBINS
CITY-ST-ZIP 2109 LYRA DR
HOLIDAY FL 34690

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: James L Coleman Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04 717-937-6069
Date Daytime Phone #