


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90035 017 ****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
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2. Principal Place of Business 5119 MITZI LN. Suite, Apt. #, etc. HOLIDAY FL City & State US	3. Mailing Address 5119 MITZI LN Suite, Apt. #, etc. HOLIDAY City & State FL
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2nd MOORE CR2E037 (5/05)

Zip 34690	Country US	Zip 34690	Country US
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4. FEI Number 59-2875204	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ECKLAR, GEORGE 5119 MITZI LANE HOLIDAY FL 34690
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7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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>George Ecklar President</u> (NOTE: Registered Agent signature required when reinstating)
DATE <u>7-25-05</u>

FILE NOW: FEE IS \$61.25 Due By September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAMBO, NORM 5138 VICTORIA LN. HOLIDAY FL 34690 V. President <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ECKLAR, GEORGE 5119 MITZI LN HOLIDAY FL 34690 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLEMAN, JAMES L 5034 VICTORIA LN. HOLIDAY FL 34690 D <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CHAMBO NORM 5138 VICTORIA LN HOLIDAY FL 34690 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECKLAR, GEORGE 5119 MITZI LN. HOLIDAY FL 34690 PRESIDENT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURE ROBBINS, MILLIE 2109 LYRA DR. HOLIDAY FL 34690 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLEMAN, LUCILLE M 5034 VICTORIA LN HOLIDAY FL 34690 D <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. ECKLAR CHRISTINE 5119 MITZI LN HOLIDAY FL 34690 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECKLAR, CHRISTINO 5118 MITZI LN. HOLIDAY FL 34690 SECRETARY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBBINS, MILLY 2109 LYRA DR. HOLIDAY FL 34690 TREASURE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>George Ecklar</u>	DATE: <u>7-25-05</u>
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