

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90020 013 \*\*\*\*61.25

**DOCUMENT # 718818**

1. Entity Name

HOLIDAY GARDENS CIVIC ASSOCIATION, INC.



Principal Place of Business

5119 MITZI LN  
HOLIDAY FL 34690  
US

Mailing Address

5119 MITZI LN  
HOLIDAY FL 34690  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

ECKLAR, GEORGE  
5119 MITZI LANE  
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 P  
STREET ADDRESS ECKLAR, GEORGE  
CITY-ST-ZIP 5119 MITZI LN  
HOLIDAY FL 34690

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS ROBBINS, MILLIE  
CITY-ST-ZIP 2109 LIZA DR  
HOLIDAY FL 34690

TITLE ☒ Delete  
NAME S  
STREET ADDRESS ECKLAR, CHRISTINE  
CITY-ST-ZIP 5119 MITZI LN  
HOLIDAY FL 34690

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROBBINS, MILLY  
CITY-ST-ZIP 2109 LYRA DR.  
HOLIDAY FL 34690

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME SECRETARY  
STREET ADDRESS CHARLIE SMITH  
CITY-ST-ZIP 2030 LYRA DR  
HOLIDAY FL 34690

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*George Ecklar*

1-31-06

777 944 4876