


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2007 8:00 am**  
**Secretary of State**

08-09-2007 90055 015 \*\*\*\*61.25

<b>DOCUMENT # 718818</b>		
1. Entity Name <b>HOLIDAY GARDENS CIVIC ASSOCIATION, INC.</b>		

Principal Place of Business <b>5119 MITZI LN HOLIDAY FL 34690 US</b>	Mailing Address <b>5119 MITZI LN HOLIDAY FL 34690 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E037 (4/07)

4. FEI Number <b>59-2875204</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent  <b>ECKLAR, GEORGE 5119 MITZI LANE HOLIDAY FL 34690</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 *George Ecklar*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By September 5, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P ECKLAR, GEORGE 5119 MITZI LN HOLIDAY FL 34690	<input type="checkbox"/> Delete	V.P GINO GRIGORIADIS 5814 NANCY LN. HOLIDAY, FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP CHAMBO, NORM 5138 VICTORIA LN HOLIDAY FL 34690	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
T ROBBINS, MILLIE 2109 LIZA DR HOLIDAY FL 34690	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
S SMITH, CHARLIE 2030 LYRA DR HOLIDAY FL 34690	<input checked="" type="checkbox"/> Delete	5 TRALEE WORKS 2145 ERIN DR. HOLIDAY FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D ECKLAR, CHRISTINO 5118 MITZI LN. HOLIDAY FL 34690	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ROBBINS, MILLY 2109 LYRA DR. HOLIDAY FL 34690	<input checked="" type="checkbox"/> Delete	0 NORM CHAMBO 5138 VICTORIA LN HOLIDAY, FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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* 7-28-07 227 944 4826