

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 718818

1. Entity Name

HOLIDAY GARDENS CIVIC ASSOCIATION, INC.



FILED
Aug 29, 2008 08:00 AM
Secretary of State



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2875204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E037 (4/08)

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

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

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

DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

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

TITLE VP ☐ Delete
NAME GRIGORIADIS, GINO
STREET ADDRESS 5714 NANCY LN
CITY-ST-ZIP HOLIDAY FL 34690

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

TITLE S ☐ Delete
NAME WORKS, TRALEE
STREET ADDRESS 2145 ERIN DR
CITY-ST-ZIP HOLIDAY FL 34690

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

TITLE D ☐ Delete
NAME HAMBO, NORM
STREET ADDRESS 5138 VICTORIAN LN
CITY-ST-ZIP 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
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CITY-ST-ZIP

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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 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

8-15-08 727944 457