

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718818

FILED
Sep 08, 2009
Secretary of State

Entity Name: HOLIDAY GARDENS CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

5119 MITZI LN
HOLIDAY, FL 34690 US

New Principal Place of Business:

Current Mailing Address:

5119 MITZI LN
HOLIDAY, FL 34690 US

New Mailing Address:

FEI Number: 59-2875204 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ECKLAR, GEORGE
5119 MITZI LANE
HOLIDAY, FL 34690 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ECKLAR, GEORGE
Address: 5119 MITZI LN
City-St-Zip: HOLIDAY, FL 34690

Title: VP () Delete
Name: GRIGORIADIS, GINO
Address: 5714 NANCY LN
City-St-Zip: HOLIDAY, FL 34690

Title: T () Delete
Name: ROBBINS, MILLIE
Address: 2109 LIZA DR
City-St-Zip: HOLIDAY, FL 34690

Title: S () Delete
Name: WORKS, TRALEE
Address: 2145 ERIN DR
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: ECKLAR, CHRISTINO
Address: 5118 MITZI LN
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: HAMBO, NORM
Address: 5138 VICTORIAN LN
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE ECKLAR

P

09/08/2009

Electronic Signature of Signing Officer or Director

Date