

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90050 014 \*\*\*\*\*61.25

**DOCUMENT # 718818**

1. Entity Name

**HOLIDAY GARDENS CIVIC ASSOCIATION, INC.**



Principal Place of Business

5152 VICTORIA LANE  
HOLIDAY FL 34690  
US

Mailing Address

5152 VICTORIA LANE  
HOLIDAY FL 34690  
US

2. Principal Place of Business

5034 VICTORIA LN

3. Mailing Address

5034 VICTORIA LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLIDAY FL

City & State

HOLIDAY FL

Zip

34690

Country

PR3CO

Zip

34690

Country

PR3CO

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

CARLSON, BEA  
5131 VICTORIA LN.  
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name: NORMAN CHAMBO

Street Address (P.O. Box Number is Not Acceptable)  
5138 VICTORIA LN

City

HOLIDAY

FL

Zip Code

34690

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

*Norman Chambo*

4/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 CARLSON, BEA  
STREET ADDRESS 5131 VICTORIA LN  
CITY-ST-ZIP HOLIDAY FL 34690

TITLE T ☐ Delete  
NAME COLEMAN, JAMES L  
STREET ADDRESS 5034 VICTORIA LN.  
CITY-ST-ZIP HOLIDAY FL 34690

TITLE V ☒ Delete  
NAME BERNINI, WANDA  
STREET ADDRESS 2103 PEGGY DR  
CITY-ST-ZIP HOLIDAY FL 34690

TITLE S ☐ Delete  
NAME COLEMAN, LUCILLE M  
STREET ADDRESS 5034 VICTORIA LN  
CITY-ST-ZIP HOLIDAY FL 34690

TITLE D ☒ Delete  
NAME CHAMBO, NORMAN  
STREET ADDRESS 5138 VICTORIA LANE  
CITY-ST-ZIP HOLIDAY FL 34690

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition  
NAME Norm Chambo  
STREET ADDRESS 5138 VICTORIA LN  
CITY-ST-ZIP HOLIDAY FL 34690

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

TITLE V. President ☒ Change ☐ Addition  
NAME GEORGE ECKLAR  
STREET ADDRESS 5119 MITZI LN.  
CITY-ST-ZIP HOLIDAY FL 34690

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

TITLE Director ☒ Change ☐ Addition  
NAME CHRISTINE ECKLAR  
STREET ADDRESS 5119 MITZI LN.  
CITY-ST-ZIP HOLIDAY FL

TITLE Director ☒ Change ☐ Addition  
NAME VIRGINIA BORTLE  
STREET ADDRESS 2101 LYRA DR  
CITY-ST-ZIP HOLIDAY FL 34690

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:

*James Coleman*

**SIGNATURE REQUIRED**

Treasurer.

4/7/03

937-6069

CR2E037 (10/02)