

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721250

FILED
Mar 08, 2009
Secretary of State

Entity Name: HOLIDAY APARTMENTS, INC.

Current Principal Place of Business:

3212 NE 7TH PLACE
APARTMENT 1
POMPANO BEACH, FL 330624549 US

Current Mailing Address:

108 SHOREVIEW DRIVE
LIVERPOOL, NY 13090 US

New Principal Place of Business:

3212 NE 7TH PLACE
APARTMENT 12 A
POMPANO BEACH, FL 330624549 US

New Mailing Address:

3212 NE 7TH PLACE
APARTMENT 12 A
POMPANO BEACH, FL 330624549 US

FEI Number: 59-1799242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINTIN, ANTOINETTE
3212 N.E. 7TH PLACE
APT 1
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

RUGGIERO, GINA
3212 N.E. 7TH PLACE
APT 12 A
POMPANO BEACH, FL 33062 US

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: GINA RUGGIERO

03/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PINTI, ANTOINETTE
Address: 3212 NE 7TH PL
City-St-Zip: POMPANO BEACH, FL 33062

Title: S () Delete
Name: RUGGIERO, GINA
Address: 3212 NE 7TH PL
City-St-Zip: POMPANO BEACH, FL 33062

Title: P () Delete
Name: CRETELLA, JOSEPH
Address: 3212 NE 7TH PL
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP () Delete
Name: CERRONE, ELISABETH
Address: 3212 NE 7TH PL
City-St-Zip: POMPANO BEACH, FL 33062

Title: BOD () Delete
Name: CERNIGLIO, BARBARA
Address: 3212 NE 7TH PL
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: RUGGIERO, GINA
Address: 3212 NE 7TH PL
City-St-Zip: POMPANO BEACH, FL 33062

Title: S (X) Change () Addition
Name: PINTI, ANTOINETTE
Address: 3212 NE 7TH PL
City-St-Zip: POMPANO BEACH, FL 33062

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: ANTOINETTE PINTI

S

03/08/2009

Electronic Signature of Signing Officer or Director

Date