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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722427 (2)

1. Corporation Name
HOLIDAY ESTATES ASSOCIATION, INC.



Principal Place of Business 1445 SEAGULL DRIVE ENGLEWOOD FL 34224 US	Mailing Address 1445 SEAGULL DR. ENGLEWOOD FL 34224-4634 US
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3. Date Incorporated or Qualified 01/07/1972	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2338384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 <i>170 W. Dearborn Street Ave</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <i>Englewood, FL</i>
Zip 24	Country 25
Country 29 <i>34223</i>	Country 30 <i>U.S.A.</i>

9. Name and Address of Current Registered Agent

**DUNKIN, DAVID A.
170 W. DEARBORN STREET
ENGLEWOOD FL 33533-3290**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VP	RICHARDS, JACK	1280 SEAGULL DRIVE	ENGLEWOOD FL 34224	<input checked="" type="checkbox"/>
P	RICHARDS, GLENN	1344 FLAMINGO DRIVE	ENGLEWOOD FL 34224	<input checked="" type="checkbox"/>
SD	OUDEMAN, GERTRUDE	1407 SEAGULL DR	ENGLEWOOD FL 34224	<input type="checkbox"/>
VP	PEARL, FULLER	1245 KINGFISHER DRIVE	ENGLEWOOD FL 34224	<input type="checkbox"/>
TD	TUBBS, WARD	1323 FLAMINGO DRIVE	ENGLEWOOD FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
President	Fulton Pearl	1245 Kingfisher Dr	Englewood Fl 34224	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Mama Sal	1291 Flamingo Dr	Englewood, FL 34224	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Colo James	1169 Kingfisher Dr	Englewood Fl 34224	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Oudeman Gertrude	1407 Seagull Dr	Englewood Fl 34224	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VP	McEachern Borden	1300 Flamingo Dr	Englewood Fl 34224	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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