

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 722427 (2)**

1. Corporation Name  
**HOLIDAY ESTATES ASSOCIATION, INC.**



Principal Place of Business <b>1445 SEAGULL DRIVE ENGLEWOOD FL 34224 US</b>	Mailing Address <b>170 W DEARBORN ST ENGLEWOOD FL 34223 US</b>
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3. Date Incorporated or Qualified <b>01/07/1972</b>		
4. FEI Number <b>59-2338384</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>FULTON, PEARL</b>
STREET ADDRESS	<b>1245 KINGFISHER DR</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>MANNA, SAL</b>
STREET ADDRESS	<b>1291 FLAMINGO DR</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>COLE, JAMES</b>
STREET ADDRESS	<b>1169 KINGFISHER DR</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PEARL, FULLER</b>
STREET ADDRESS	<b>1245 KINGFISHER DRIVE</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>MCLACHLAN, BORDEN</b>
STREET ADDRESS	<b>1300 FLAMINGO DR</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>OUDEMAN, GERTRUDE</b>
STREET ADDRESS	<b>1407 SEAGULL DDR</b>
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>000002493470</b>
4.4 CITY-ST-ZIP	<b>-04/20/98--01006--030</b> <b>***61.25</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

CR2E037 (10/97)

**4-20**  
**SD**