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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722427

1. Corporation Name
HOLIDAY ESTATES ASSOCIATION, INC.

Principal Place of Business 1445 SEAGULL DRIVE ENGLEWOOD FL 34224 US	Mailing Address 170 W DEARBORN ST ENGLEWOOD FL 34223 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/07/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2338384
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DUNKIN, DAVID A. 170 W. DEARBORN STREET ENGLEWOOD FL 33533-3290		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULTON, PEARL	1.2 NAME	Williams, Stanley
STREET ADDRESS	1245 KINGFISHER DR	1.3 STREET ADDRESS	1144 Seahorse Lane
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	Englewood, FL 34224
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANNA, SAL	2.2 NAME	Brown, Rose
STREET ADDRESS	1291 FLAMINGO DR	2.3 STREET ADDRESS	2738 Tanager Lane
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	Englewood, FL 34224
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, JAMES	3.2 NAME	Littlefield, Evelyn
STREET ADDRESS	1169 KINGFISHER DR	3.3 STREET ADDRESS	1402 Flamingo Drive
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	Englewood, FL 34224
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLACHLAN, BORDEN	4.2 NAME	Kelly, Doris
STREET ADDRESS	1300 FLAMINGO DR	4.3 STREET ADDRESS	1270 Flamingo Drive
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	Englewood, FL 34224
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	OUDEMAN, GERTRUDE	5.2 NAME	
STREET ADDRESS	1407 SEAGULL DDR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Evelyn Littlefield Financial Secretary 4/3/99 (941)474-1979
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2507-1108