

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90035 001 ****61.25

DOCUMENT # 722427

1. Entity 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**

b0044004



DO NOT WRITE IN THIS SPACE

01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2338384

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MARTINI, JULIA A
1356 IBIS DRIVE
ENGLEWOOD, FL 34224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MARENGER, NANCY
1384 SEAGULL DRIVE
ENGLEWOOD, FL 34224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HOLTMEIER, SHIRLEY
1396 KINGFISHER DR
ENGLEWOOD, FL 34224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HENRIKSON, NANCY
1433 KINGFISHER DR
ENGLEWOOD, FL 34224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WILBER, RUTH
1323 ISIS DRIVE
ENGLEWOOD, FL 34224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CHASE, GARDNER
1245 KINGFISHER DR
ENGLEWOOD, FL 34224**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-08