
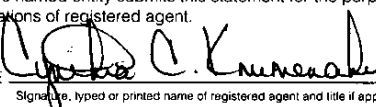
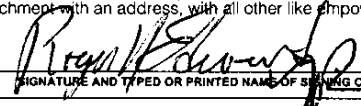


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90030 019 \*\*\*\*61.25

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| <b>DOCUMENT # 722490</b><br>1. Entity Name<br>HOLIDAY APARTMENTS CONDOMINIUM ASSOCIATION, INC..  |   |   |   |  |   |
| Principal Place of Business<br>708 S. TAMiami TRAIL<br>VENICE, FL 34285  |   |   | Mailing Address<br>C/O ANTARES GROUP, INC.<br>4195 S. TAMiami TL, PMB 173<br>VENICE, FL 34293 |   |   |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |   |
| City & State   |   | City & State  |   |   |   |
| Zip  |   | Country   |   | Zip   |   |
|  |   |   |   |   |   |
| 6. Name and Address of Current Registered Agent  |   |   |   | 7. Name and Address of New Registered Agent                                       |   |
| ANTARES GROUP, INC.<br>4195 S. TAMiami TRAIL<br>PMB #173<br>VENICE, FL 34293   |   |   |   | Name  |   |
|  |   |   |   | Street Address (P.O. Box Number is Not Acceptable)                                |   |
|  |   |   |   | City  |   |
|  |   |   |   | FL Zip Code   |   |
| 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   |   | CYNTHIA C. KROMEWAKER   |   | 07.25.06  |   |
| Signature, typed or printed name of registered agent and title if applicable.  |   | NOTE: Registered Agent signature required when reinstating)                         |   | DATE  |   |
| Filing Fee is \$61.25<br>Due by September 6, 2006  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be<br>Added to Fees  |   |
|  |   |   |   | Make check payable to<br>Florida Department of State                              |   |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>EDWARDS, ROGER<br>708 S. TAMiami TR.<br>VENICE, FL 34285 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | PID<br>EDWARDS, ROGER<br>708 S. TAMiami TL #105<br>VENICE, FL 34285   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SDT<br>CLARK, NILDA<br>708 S TAMiami TR 220<br>VENICE, FL 34285 | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | VPID<br>ROHAN, NICHOLAS<br>708 S. TAMiami TL #308<br>VENICE, FL 34285 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>TUCKER, GRACE<br>71 FLAMINGO RD<br>VENICE, FL 34293       | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | TID<br>COLLINS, BARBARA<br>708 S. TAMiami TL #130<br>VENICE, FL 34285 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | SID<br>STOKES, JAMES<br>708 S. TAMiami TL #218<br>VENICE, FL 34285    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | D<br>O'DELL, BRIAN<br>708 S. TAMiami TL #303<br>VENICE, FL 34285      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |   |
| 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:    |   | ROGER EDWARDS   |   | 07.25.06 941-484-7900   |   |
| Signature and typed or printed name of signing officer or director   |   | Date  |   | Daytime Phone #   |   |

40101006



07192006 Chg-NP CR2E037 (4/06)

4. FEI Number  
59-1433315

Applied For  
Not Applicable

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

Filing Fee is \$61.25  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>EDWARDS, ROGER<br>708 S. TAMiami TR.<br>VENICE, FL 34285 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SDT<br>CLARK, NILDA<br>708 S TAMiami TR 220<br>VENICE, FL 34285 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>TUCKER, GRACE<br>71 FLAMINGO RD<br>VENICE, FL 34293       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PID<br>EDWARDS, ROGER<br>708 S. TAMiami TL #105<br>VENICE, FL 34285   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPID<br>ROHAN, NICHOLAS<br>708 S. TAMiami TL #308<br>VENICE, FL 34285 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TID<br>COLLINS, BARBARA<br>708 S. TAMiami TL #130<br>VENICE, FL 34285 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SID<br>STOKES, JAMES<br>708 S. TAMiami TL #218<br>VENICE, FL 34285    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>O'DELL, BRIAN<br>708 S. TAMiami TL #303<br>VENICE, FL 34285      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:  ROGER EDWARDS 07.25.06 941-484-7900

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #