

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90105 006 \*\*\*\*61.25

<b>DOCUMENT # 722490</b> 1. Entity Name <b>HOLIDAY APARTMENTS CONDOMINIUM ASSOCIATION, INC..</b>					
Principal Place of Business <b>708 S. TAMiami TRAIL VENICE, FL 34285</b>			Mailing Address <b>C/O ANTARES GROUP, INC. 4195 S. TAMiami TL, PMB 173 VENICE, FL 34293</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		02232007    Chg-NP      CR2E037 (12/06)	
4. FEI Number <b>59-1433315</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANTARES GROUP, INC. 4195 S. TAMiami TRAIL PMB #173 VENICE, FL 34293</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>[Signature]</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		03.06.07 <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, ROGER 708 SOUTH TAMiami TR SUITE 105 VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROHAN, NICHOLAS 708 SOUTH TAMiami TR SUITE 308 VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPLO CERVO, MAPLE 708 S. TAMiami TL. # 314 Venice, FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLEWS, BARBARA 708 SOUTH TAMiami TR SUITE 120 VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLOS, BARBARA 708 S. TAMiami TL. # 120 Venice, FL 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOKES, JAMES 708 SOUTH TAMiami TR SUITE 218 VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, JAMES 708 S. TAMiami TL. # 218 Venice, FL 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEILL, BRIAN 708 SOUTH TAMiami TR SUITE 303 VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SITD KLOTZ, ROBERT 708 S. TAMiami TL. # 104 Venice, FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		ROGER EDWARDS		03.06.07    941-484-7900 <small>Date      Daytime Phone #</small>	