


FILED
Jan 11, 2008 8:00 am
Secretary of State

40001833

DOCUMENT # 725544				01-11-2008 90067 032 ****61.25	
1. Entity Name HOLIDAY SURF AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 510 GULF SHORE DRIVE DESTIN, FL 32541-3038		Mailing Address 510 GULF SHORE DRIVE DESTIN, FL 32541-3038			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		40001833	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1604056	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BARTH, JAMES C 30 SOUTH SHORE DRIVE DESIN, FL 32541				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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: T NAME: EDWARDS, KATHLEEN STREET ADDRESS: PO BOX 201499 CITY-ST-ZIP: ARLINGTON, TX 76006 <input type="checkbox"/> Delete			TITLE: DIRECTOR NAME: JOHN GESSLER STREET ADDRESS: 510 GULF SHORE DR # 705 CITY-ST-ZIP: DESTIN FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: P NAME: CARLISI, JEFF STREET ADDRESS: 1355 WESLEY PARKWAY CITY-ST-ZIP: ATLANTA, GA 30327 <input checked="" type="checkbox"/> Delete			TITLE: VPD NAME: MARY JO MURTON STREET ADDRESS: 3010 COLLEGE STREET CITY-ST-ZIP: MARIANNA FL 32446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: S NAME: HENDERSON, PEGGY STREET ADDRESS: 506 GULF SHORE DRIVE # 213 CITY-ST-ZIP: DESTIN, FL 32541 <input type="checkbox"/> Delete			TITLE: PRESIDENT NAME: STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: VPD NAME: ONEILL, ROBERT STREET ADDRESS: 153 CHATEAU LATOUR CITY-ST-ZIP: KENNER, LA 70065 <input type="checkbox"/> Delete			TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: SD NAME: FISHER, DON STREET ADDRESS: PO BOX 100549 CITY-ST-ZIP: BIRMINGHAM, AL 35210 <input type="checkbox"/> Delete			TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: AS NAME: STALNAKER, JERRY STREET ADDRESS: 510 GULF SHORE DR CITY-ST-ZIP: DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete			TITLE: AS NAME: CHUMLEY, JACK STREET ADDRESS: 510 GULF SHORE DR CITY-ST-ZIP: DESTIN FL 32541 <input type="checkbox"/> Change <input checked="" 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: _____ (Signature and typed or printed name of signing officer or director) Date: 01-09-08 Daytime Phone: 850 654-0222					