

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725680

FILED
Mar 18, 2009
Secretary of State

Entity Name: HOLIDAY PARK HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5401 HOLIDAY PARK BLVD
NO PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

5401 HOLIDAY PARK BLVD
NO PORT, FL 34287 US

New Mailing Address:

FEI Number: 59-1848037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEINLEN, ALICE Y
5609 HOLIDAY PARK BLVD
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

LAMPE, FRANK
5609 HOLIDAY PARK BLVD
NORTH PORT, FL 34287 US

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.

SIGNATURE: FRANK LAMPE

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: OLSZEWSKI, MARY ANN
Address: 5328 KULA CT
City-St-Zip: NORTH PORT, FL 34287

Title: VD () Delete
Name: KISSENBERTH, JEANNE
Address: 6343 KILEPA CT
City-St-Zip: NORTH PORT, FL 34287

Title: P () Delete
Name: HEINLEN, ALICE Y
Address: 5609 HOLIDAY PARK BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: S () Delete
Name: GILLIS, JOAN
Address: 5318 KULA CT
City-St-Zip: NORTH PORT, FL 34287

Title: T () Delete
Name: DUQUETTE, MARY
Address: 5032 PALENA BLVD
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: TREVITHICK, BRUCE
Address: 5684 HOLIDAY PARK BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LAMPE, FRANK
Address: 6718 SAGE LN.
City-St-Zip: NORTH PORT, FL 34287

Title: T (X) Change () Addition
Name: SCHNEIDER, BARBARA
Address: 6304 KILEPA CT.
City-St-Zip: NORTH PORT, FL 34287

Title: CM (X) Change () Addition
Name: SWEDA, EDWARD
Address: 5173 PALENA BLVD
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK LAMPE

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date