## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#726873** 

FILED Apr 25, 2008 Secretary of State

Entity Name: HOLIDAY VILLAS II, CONDOMINIUM, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
19610 GUI INDIAN SH	LF BLVD HORES, FL 337	85 US			
Current Mailing Address:			New Mailing Addres	ss:	
7300 PARI	OURCE PROPER K STREET E, FL 33777	RTY MGMT US			
FEI Number	: 59-1584501	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
7300 PARI SEMINOLE	_ <b>,</b>	US	urnose of changing its registers	ad affine or registered agent, or both	
	e of Florida.	ibililis tilis statement for the p	urpose or changing its registers	ed office or registered agent, or both,	
SIGNATU					
	Electronic	Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () C CARUSO, JOHN 19610 GULF BLV INDIAN SHORES		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E GIESEKING, WIL 19610 GULF BLV INDIAN SHORES	/D # 203	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () E MCKAY, KELLEY 19610 GULF BLV INDIAN SHORES	/D #213	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () E PANEPINTO, VIN 19610 GULF BLV INDIAN SHORES	'D #106	Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:		,			

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: JOHN CARUSO P/D 04/25/2008