FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727616 (5)

1. Corporate Name

HOLIDAY SPRINGS VILLAGE CONDOMINIUM, INC. NO. 4

FILED
95 FEB 28 AM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3261 HOLIDAY SPR. BLVD. MARGATE FL 33063	3261 HOLIDAY SPR. BLVD. MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1973
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1537315 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BROSS, ARTHUR J
~~650 WINFIELD BLVD~~
~~MARGATE FL 33068~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6501 WINFIELD BLVD
83
84 City: MARGATE FL 85 Zip Code: 33063

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	BUCHSBAUM, SHIRLEY	1.2 NAME	
STREET ADDRESS	3251 HOLIDAY SPGS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	FRIEDMAN, JUDITH	2.2 NAME	
STREET ADDRESS	3251 HOLIDAY SPGS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD ☑ Change ☐ Addition
NAME	~~GABER, IRVING~~	3.2 NAME	HERBERT STERN
STREET ADDRESS	~~3251 HOLIDAY SPGS BLVD~~	3.3 STREET ADDRESS	3251 HOLIDAY SPGS BLVD
CITY-ST-ZIP	~~MARGATE FL~~	3.4 CITY-ST-ZIP	MARGATE FLA 33063
TITLE	PD	4.1 TITLE	PD ☑ Change ☐ Addition
NAME	~~GOLDSTEIN, MARTIN~~	4.2 NAME	IRVING GABER
STREET ADDRESS	~~3251 HOLIDAY SPRINGS BLVD~~	4.3 STREET ADDRESS	3251 HOLIDAY SPGS BLVD
CITY-ST-ZIP	~~MARGATE FL~~	4.4 CITY-ST-ZIP	MARGATE FLA 33063
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith Friedman Sec. Judith Friedman 2/21/95 (305) 753-1174
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0030003