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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727616 (5)

1. Corporation Name

HOLIDAY SPRINGS VILLAGE CONDOMINIUM, INC. NO. 4

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

3. Date Incorporated or Qualified: 10/02/1973

4. FEI Number: 59-1537315 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROSS, ARTHUR J
6501 WINFIELD BLVD
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	EDWARDS LILY P.D	☑ Change ☐ Addition
NAME	FELTMAN, GERTRUDE		1.2 NAME		
STREET ADDRESS	3251 HOLIDAY SPRINGS BLVD		1.3 STREET ADDRESS	3261 HOLIDAY SP. BLVD.	
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP	MARGATE, FLA 33063	
TITLE	TD	☐ DELETE	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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STERN, HERBERT		3.2 NAME		
STREET ADDRESS	3251 HOLIDAY SPGS BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP		
TITLE	~~PD~~	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~GABER, IRVING~~		4.2 NAME		
STREET ADDRESS	~~3251 HOLIDAY SPGS BLVD~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~MARGATE FL~~		4.4 CITY-ST-ZIP		
TITLE	~~SD~~	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: SIGNATURE REQUIRED Judith Friedman 1/27/98 (954) 753-2729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0981141