

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90058 048 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **727616**

1. Corporation Name

HOLIDAY SPRINGS VILLAGE CONDOMINIUM, INC. NO. 4

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

Mailing Address
**3261 HOLIDAY SPR. BLVD.
MARGATE FL 33063**



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/02/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1537315
City & State 23	City & State 28	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROSS, ARTHUR J
6501 WINFIELD BLVD
MARGATE FL 33063**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, LILY	1.2 NAME	
STREET ADDRESS	3261 HOLIDAY SPRINGS BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	1.4 CITY-ST-ZIP	
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	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ 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	

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, with all other like empowered.

SIGNATURE:

Judith Friedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99 (954) 753-2729
Date Daytime Phone

0084853

CR2E037 (11/98)