

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727616

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1537315

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROSS, ARTHUR J
3131 HOLIDAY SPRINGS BLVD
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name: JOAN A. NORDHOLZ
Street Address (P.O. Box Number is Not Acceptable): 3251 HOLIDAY SPRINGS BLVD #108
MARGATE, FL
City: MARGATE, FL Zip Code: 33063

8. 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

JOAN A. NORDHOLZ, PRESIDENT (NOTE: Registered Agent signature required when reinstating) Date: 4/2/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	EDWARDS, LILY	
STREET ADDRESS	3261 HOLIDAY SPRINGS BLVD	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	☐ Delete
NAME	FRIEDMAN, JUDITH	
STREET ADDRESS	3251 HOLIDAY SPGS BLVD	
CITY-ST-ZIP	MARGATE FL	
TITLE	VD	☐ Delete
NAME	PUCCI, PHYLLIS	
STREET ADDRESS	3251 HOLIDAY SPGS BLVD	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	FD	☐ Delete
NAME	JOAN NORDHOLZ	
STREET ADDRESS	3251 HOLIDAY SPRINGS BLVD	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	SD	☐ Delete
NAME	GERT FELTMAN	
STREET ADDRESS	3261 HOLIDAY SPRINGS BLVD	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOAN A. NORDHOLZ, Pres. 4/2/02 954-755-5475

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90129 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)