

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90045 014 ****61.25

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1. Entity Name

HOLIDAY SPRINGS VILLAGE CONDOMINIUM, INC. NO.
4



Principal Place of Business

3261 HOLIDAY SPR. BLVD.
MARGATE FL 33063

Mailing Address

3131 HOLIDAY SPRINGS 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

7. Name and Address of New Registered Agent

NORDHOLZ, JOAN A
3251 HOLIDAY SPRINGS BLVD
108
MARGATE FL 33063

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NORDHOLZ, JOAN ☐ Delete
STREET ADDRESS 3251 HOLIDAY SPRINGS BLVD
CITY-ST-ZIP MARGATE FL 33063

TITLE TD
NAME FRIEDMAN, JUDITH ☐ Delete
STREET ADDRESS 3251 HOLIDAY SPGS BLVD
CITY-ST-ZIP MARGATE FL

TITLE VD
NAME PUCCI, PHYLLIS ☐ Delete
STREET ADDRESS 3251 HOLIDAY SPGS BLVD
CITY-ST-ZIP MARGATE FL 33063

TITLE SD
NAME FELTMAN, GERT ☐ Delete
STREET ADDRESS 3261 HOLIDAY SPRINGS BLVD #
CITY-ST-ZIP MARGATE FL 33063

TITLE D
NAME LOCK, PHIL ☐ Delete
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
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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:

Joan A. Nordholz JOAN A. NORDHOLZ, PRESIDENT 4/2/04 954-753-6475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #