

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90169 037 ****61.25

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

3131 HOLIDAY SPRINGS BLVD
MARGATE FL 33063

2. Principal Place of Business - No P.O. Box #

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

PUCCI, PHYLLIS
3251 HOLIDAY SPRINGS BLVD
MARGATE FL 33063

7. Name and Address of New Registered Agent

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 resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY- ST- ZIP	TD HAISTER, GLORIA 3261 HOLIDAY SPRINGS BLVD MARGATE FL 33063	☒ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD PUCCI, PHYLLIS 3251 HOLIDAY SPGS BLVD MARGATE FL 33063	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S WOLFISCH, DENA 326 HOLIDAY SPRINGS BLVD POMPANO BEACH FL 33063	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LOCKE, PHIL 3261 HOLIDAY SPRINGS BLVD MARGATE FL 33063	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD JOAN NORDHOLZ 3251 HOLIDAY SPRINGS BLVD MARGATE, FL 33063	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Date

4/9/07

Daytime Phone #

9547526330