

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**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

1st MOORE

CR2E037 (10/07)

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

PUCCI, PHYLLIS  
3251 HOLIDAY SPRINGS BLVD  
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 reconstituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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: TD ☐ Delete  
NAME: NORHOLZ, JOAN  
STREET ADDRESS: 3251 HOLIDAY SPRINGS BLVD  
CITY- ST- ZIP: MARGATE FL 33063

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

TITLE: S ☐ Delete  
NAME: WOLFISCH, DENA  
STREET ADDRESS: 326 HOLIDAY SPRINGS BLVD  
CITY- ST- ZIP: POMPANO BEACH FL 33063

TITLE: VD ☐ Delete  
NAME: LOCKE, PHIL  
STREET ADDRESS: 3261 HOLIDAY SPRINGS BLVD  
CITY- ST- ZIP: MARGATE FL 33063

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS: UN00000236675  
CITY- ST- ZIP: 04/25/08-80017-010 61.25

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

TITLE: ☐ Change ☐ Addition  
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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 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: *Phyllis J. Pucci* PHYLLIS J. PUCCI

4/1/08