2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# 727616

Entity Name: HOLIDAY SPRINGS VILLAGE CONDOMINIUM, INC. NO. 4

Current Principal Place of Business:

3261 HOLIDAY SPR. BLVD.
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

3131 HOLIDAY SPRINGS BLVD
MARGATE, FL 33063

New Mailing Address:

FEI Number: 59-1537315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUCCI, PHYLLIS
3251 HOLIDAY SPRINGS BLVD
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: NORHOLZ, JOAN
Address: 3251 HOLIDAY SPRINGS BLVD
City-St-Zip: MARGATE, FL 33063

Title: PD ( ) Delete
Name: PUCCI, PHYLLIS
Address: 3251 HOLIDAY SPGS BLVD
City-St-Zip: MARGATE, FL 33063

Title: S ( ) Delete
Name: WOLFISCH, DENA
Address: 326 HOLIDAY SPRINGS BLVD
City-St-Zip: POMPANO BEACH, FL 33063

Title: VD ( ) Delete
Name: LOCKE, PHIL
Address: 3261 HOLIDAY SPRINGS BLVD
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: NORDHOLZ, JOAN
Address: 3251 HOLIDAY SPRINGS BLVD
City-St-Zip: MARGATE, FL 33063

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS PUCCI PD 02/02/2009

Electronic Signature of Signing Officer or Director — Date