

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727616

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**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 #304  
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  
Name: NORDHOLZ, JOAN  
Address: 3251 HOLIDAY SPRINGS BLVD #108  
City-St-Zip: MARGATE, FL 33063

Title: PD  
Name: PUCCI, PHYLLIS  
Address: 3251 HOLIDAY SPGS BLVD #304  
City-St-Zip: MARGATE, FL 33063

Title: S  
Name: LEVINE, ALAN  
Address: 3251 HOLIDAY SPRINGS BLVD #102  
City-St-Zip: MARGATE, FL 33063

Title: VD  
Name: WOLFISCH, DENA  
Address: 3261 HOLIDAY SPRINGS BLVD #305  
City-St-Zip: MARGATE, FL 33063

I hereby 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 all other like empowered.

SIGNATURE: PHYLLIS PUCCI

P

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date