NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727616 1. Entity Name

HOLIDAY SPRINGS VILLAGE CONDOMINIUM, INC. NO. 4



Apr 14, 2003 8:00 am Secretary of State

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Principal Place of Business 3131 HOLIDAY SPEINES BLVD Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State		City & State MAR GATE, 1	Ü	4. FEI Number 59 - 153 7315	Applied For Not Applicable
Zip	Country	Zip 33063	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent							
JOAN A. NOLDHOLZ							
Street Address (P.O. Box Number is Not Acceptable).							

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, load or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

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- 9. Election Campaign Financing
- \$5.00 May Be

Make Check Pavable to

	Fund Contribution. Added to Fees Florida Department of State
10. OFFICERS AND DIRECTORS	
TITLE PD	TITLE
STREET ADDRESS 3257 HOLIDBY SPRINGS BLVD	NAME STREET AODRESS
CITY-ST-ZIP MARGATE, FL 33063	CTTY-ST-ZIP
NAME PHYLLIS PUCCI STREET ADDRESS 325) HOLIDAY SPRINGS BLVD CITY-ST-ZIP MARGATE, FL 33063	TITLE NAME STREET ADDRESS CITY ST-ZIP
TITLE TO NAME JUDITH FRIEDMAN STREET ADDRESS 3251 HOLIDAY SPRINGS BLVD CITY-ST-ZIP MARGATE, FL 33063	TITLE NAME STREET ADDRESS CITY ST-ZIP DO NOT WRITE
TITLE SD NAME CERT FETTMAN STREET ADDRESS 3261 HOLIDAY SPRINGS BLUD CITY-ST-ZIP MARCATE, FL 33063	TITLE NAME STREET ADDRESS CITY: ST: ZIP
TITLE NAME PHIL LOCKE STREET ADDRESS 326/ HOUDAY SPRINGS BLVD CITY-ST-ZIP WARCATE, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP
ITLE NAME STREET ADDRESS CITY-ST-7IP	TITLE 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 on an attachment with an address, with all other like empowered.