

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90113 003 ****61.25

DOCUMENT # 727616

1. Entity Name

HOLIDAY SPRINGS VILLAGE
CONDOMINIUM, INC. NO. 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3131 HOLIDAY SPRINGS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MARGATE, FL

4. FEI Number

59-1537315

Applied For

Not Applicable

Zip

Country

Zip

33063

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOAN A. NOEDHOLZ

Street Address (P.O. Box Number is Not Acceptable)

3251 HOLIDAY SPRINGS BLVD

City

MARGATE

FL

Zip Code

33063

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 reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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	PD
NAME	JOAN A. NOEDHOLZ
STREET ADDRESS	3251 HOLIDAY SPRINGS BLVD
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VD
NAME	PHYLLIS PUCCI
STREET ADDRESS	3257 HOLIDAY SPRINGS BLVD
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	TD
NAME	JUDITH FRIEDMAN
STREET ADDRESS	3251 HOLIDAY SPRINGS BLVD
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	SD
NAME	GERT FELTMAN
STREET ADDRESS	3261 HOLIDAY SPRINGS BLVD
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	D
NAME	PHIL LOCKE
STREET ADDRESS	3261 HOLIDAY SPRINGS BLVD
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Joan A. Noedholz - JOAN A. NOEDHOLZ PRES 4/14/03

CR2E037B (12/02)