


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90358 018 ****61.25

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # 728468 1. Entity Name ISLA HOLLADAY MANOR, INC. | | | |  | |
| Principal Place of Business 1318 S MIRAMAR AVENUE, #201 INDIALANTIC, FL 32903 | | | Mailing Address 1318 S MIRAMAR AVENUE, #201 INDIALANTIC, FL 32903 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-1674285 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent HESTER, MAUREEN 1318 SOUTH MIRAMAR AVENUE, #201 INDIALANTIC, FL 32903 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD HESTER, MAUREEN 1318 S. MIRAMAR AVE. #201 INDIALANTIC, FL 32903 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHWARZ, MARIANNE 1318 S. MIRAMAR AVE. #105 INDIALANTIC, FL 32903 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LONGTIN, HERB 1318 S MIRAMAR AVE 209 INDIALANTIC, FL 32903 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEMERS, NORMAND 111 A TURNESSA GREEN PROVIDENCE, RI 02904 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILLS, VIRGINIA 1318 S MIRAMAR AVE #101 INDIALANTIC, FL 32903 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Meyer, Frank 1318 S. Miramar Ave. #102 Indialantic, FL 32903 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Meyer, Frank 1318 S. Miramar Ave. #102 Indialantic, FL 32903 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Meyer, Frank 1318 S. Miramar Ave. #102 Indialantic, FL 32903 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Maureen Hester</u> - Treasurer/Secretary 4-24-05 3217242701 | | | | | |