

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728468

FILED
Apr 23, 2007
Secretary of State

Entity Name: ISLA HOLLADAY MANOR, INC.

Current Principal Place of Business:

1318 S MIRAMAR AVENUE, #201
INDIALANTIC, FL 32903

New Principal Place of Business:

1318 S MIRAMAR AVENUE
#100
INDIALANTIC, FL 32903

Current Mailing Address:

1318 S MIRAMAR AVENUE, #201
INDIALANTIC, FL 32903

New Mailing Address:

1318 S MIRAMAR AVENUE
#100
INDIALANTIC, FL 32903

FEI Number: 59-1674285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESTER, MAUREEN
1318 SOUTH MIRAMAR AVENUE, #201
INDIALANTIC, FL 32903 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: TSD () Delete
Name: HESTER, MAUREEN
Address: 1318 S. MIRAMAR AVE. #201
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: SCHWARZ, MARIANNE
Address: 1318 S. MIRAMAR AVE. #105
City-St-Zip: INDIALANTIC, FL 32903

Title: VD () Delete
Name: LONGTIN, HERB
Address: 1318 S MIRAMAR AVE 209
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: MEYER, FRANK
Address: 1318 S MIRAMAR AVE, #102
City-St-Zip: INDIALANTIC, FL 32903

Title: P () Delete
Name: WILLS, VIRGINIA
Address: 1318 S MIRAMAR AVE #101
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: LONGTIN, HERB
Address: 1318 S MIRAMAR AVE #209
City-St-Zip: INDIALANTIC, FL 32903

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 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: MAUREEN HESTER

TSD

04/23/2007

Electronic Signature of Signing Officer or Director

Date