

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90061 031 \*\*\*\*61.25

**DOCUMENT # 729420**

1. Entity Name

**HOLIDAY GARDEN ESTATES HOME OWNERS CIVIC ASSOCIA**

Principal Place of Business

**4914 DAPHNE STREET  
NEW PORT RICHEY FL 34652**

Mailing Address

**P.O. BOX 1680  
ELFERS FL 34680**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1778784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KALISZEWSKI, NANCY J  
4914 DAPHNE STREET  
NEW PORT RICHEY FL 34652**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **KALISZEWSKI, NANCY J**  
STREET ADDRESS **4914 DAPHNE STREET**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **P, D** ☒ Change ☐ Addition  
NAME **Nancy Kaliszewski**  
STREET ADDRESS **4914 Daphne St. 34652**  
CITY-ST-ZIP **N.P.R. FL**

TITLE **VP** ☐ Delete  
NAME **PALOWSKI, VIRGINIA**  
STREET ADDRESS **5829 BANTAM**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **VP, D** ☒ Change ☐ Addition  
NAME **Virginia Palowski**  
STREET ADDRESS **5829 Bantam**  
CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE **ST** ☒ Delete  
NAME **COLLINS, JEAN**  
STREET ADDRESS **5745 FRIEDLY**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **ST, A** ☐ Change ☐ Addition  
NAME **Barbra Jacobs**  
STREET ADDRESS **4829 Durney St. New Port Richey, FL**  
CITY-ST-ZIP **34652**

TITLE **D** ☒ Delete  
NAME **RATH, CHARLES**  
STREET ADDRESS **4724 ACKERMAN ST**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **M, D** ☐ Change ☐ Addition  
NAME **Ron Quicksall**  
STREET ADDRESS **4741 Daphne St. New Port Richey, FL**  
CITY-ST-ZIP **34652**

TITLE **D** ☒ Delete  
NAME **OLDS, TOM**  
STREET ADDRESS **4721 DAPHNE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **C, D** ☒ Change ☐ Addition  
NAME **Tom Olds**  
STREET ADDRESS **4721 Daphne St. New Port Richey, FL**  
CITY-ST-ZIP **34652**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: ~~NO SIGNATURE REQUIRED~~**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/2001**

Date

**(727) 842-7013**

Daytime Phone #

CR2E037 (10/00)