

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90271 008 ****61.25

DOCUMENT # 729420

1. Entity Name

HOLIDAY GARDEN ESTATES HOME OWNERS CIVIC ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

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

**P.O. BOX 1660
 ELPERS 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

RIGBY, JOE

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

5836 DAHLIA AVE

City

NEW PORT RICHEY

FL

Zip Code

34652

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.

JOE RIGBY

(NOTE: Registered Agent signature required when reinstating)

4/19/02

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KALISZEWSKI, NANCY J	
STREET ADDRESS	4914 DAPHNE STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PALOWSKI, VIRGINIA	
STREET ADDRESS	5829 BANTON	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, BARBRA	
STREET ADDRESS	4829 DURNBY ST.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	MCD	<input type="checkbox"/> Delete
NAME	QUICKSALL, RON	
STREET ADDRESS	4741 DAPHNE ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	CT	<input type="checkbox"/> Delete
NAME	OLDS, TOM	
STREET ADDRESS	4721 DAPHNE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGBY, JOE	
STREET ADDRESS	5836 DAHLIA AVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DENNIS	
STREET ADDRESS	4740 DURNBY ST	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEILA HOYT	
STREET ADDRESS	5910 13TH AVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	MCD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON QUICKSALL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDS, TOM	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RIGBY

4/19/02

Date

Daytime Phone #

CR2E037 (9/01)