2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2008
Secretary of State

DOCUMENT# 729420

Entity Name: HOLIDAY GARDEN ESTATES HOME OWNERS CIVIC ASSOCIATION, INCORPORATED

Current Principal Place of Business:

6114 - 13TH AVE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1660
ELFERS, FL 34680

New Mailing Address:

FEI Number: 59-1778784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLUIZER, CHARLES B
6114 - 13TH AVE
NEW PORT RICHEY, FL 34653 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: PD ( ) Delete
Name: SLUIZER, CHARLES B
Address: 6114 - 13TH AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VPD ( ) Delete
Name: RIGBY, JOE
Address: 5836 DAHLIA AVE.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD ( ) Delete
Name: MONTIY, DAN
Address: 4747 ALCEA ST.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T ( ) Delete
Name: HOLLANDER, MARLENE
Address: 4929 DAPHNE ST
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S (X) Delete
Name: DOTSON, LINDA
Address: 13TH AVE.
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: DOTSON, LINDA D
Address: 6114 13TH AVE.
City-St-Zip: NEW PORT RICHEY, FL 34653

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

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 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: CHARLES B. SLUIZER PD 02/24/2008

Electronic Signature of Signing Officer or Director — Date