


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90026 002 ****61.25

DOCUMENT # 729578 1. Entity Name HOLIDAY-BY-THE-SEA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business H B T S CONDO ASSOC INC P.O. BOX 1040 300 Ocean Drive TAVERNIER, FL 33070 KEY LARGO FL 33037			Mailing Address P.O. BOX 7807 TAVERNIER, FL 33070 AMARILLO, TX 79114		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2168879				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROGEL, DAVID H ESQ. BECKER & POWAKOFF P A 121 ALHAMBRA PLAZA 10TH FL MIAMI, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, MARYANN		NAME		
STREET ADDRESS	38 S EXUMA RD		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOSNELL, FREDERICK L		NAME		
STREET ADDRESS	905 E PITTSBURGH ST		STREET ADDRESS		
CITY-ST-ZIP	GREENSBURG, PA 15601		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOLSTER, PATRICIA		NAME		
STREET ADDRESS	124 HOUSTON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NARRAGANSETT, RI		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KAY MACKENZIE, MARY		NAME	DVP CAROL HILTON	
STREET ADDRESS	300 OCEAN DRIVE P.O. BOX 3316		STREET ADDRESS	300 OCEAN DR P.O. BOX 399	
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D DAVID GIBSON	
STREET ADDRESS			STREET ADDRESS	731 1st ST, S, 5E.	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Patricia M. Bolster</i> PATRICIA M. BOLSTER			2/15/06 401-789-0752		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		