# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # 730833 (1)**

1. Corporation Name

**HOLIDAY HILL CIVIC ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 100 STONE RD<br>P.O. BOX 94<br>PORT RICHEY FL 34668 | 100 STONE RD<br>P.O. BOX 94<br>PORT RICHEY FL 34668 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1974
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-1616348 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21: 6315 Stone Road
22: Suite, Apt. #, etc.
23: City & State: Port Richey, Fl
24: Zip: 34668 25: Country: Pasco

2a. Mailing Address
26: P. O. Box 94
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

9. Name and Address of Current Registered Agent

VALENTINE, JEAN
6421 HYPERION DR.
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: Jean Valentine
82 Street Address (P.O. Box Number is Not Acceptable): 6421 Hyperion Drive
83: Port Richey
84 City: FL 85 Zip Code: 34668

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | P ☒ Change ☐ Addition |
| NAME | LITTLE, BILLY RAY | 12 NAME | Boulin, Charles |
| STREET ADDRESS | 6315 HYPERIOND DR | 13 STREET ADDRESS | 9234 Pegasus |
| CITY-ST-ZIP | PORT RICHEY FL | 14 CITY-ST-ZIP | Port Richey, Fl 34668 |
| TITLE | VP | 21 TITLE | VP ☒ Change ☐ Addition |
| NAME | BOULIN, CHARLES | 22 NAME | Thomas, Forrest |
| STREET ADDRESS | 9234 PEGASUS AVE | 23 STREET ADDRESS | 6410 Pensive Dr. |
| CITY-ST-ZIP | PORT RICHEY FL | 24 CITY-ST-ZIP | Port Richey, Fl 34668 |
| TITLE | D | 31 TITLE | S ☒ Change ☐ Addition |
| NAME | MORAVCIK, JANET | 32 NAME | McCormick, Lucille |
| STREET ADDRESS | 6430 PAWLING AVE | 33 STREET ADDRESS | 6425 Gainsboro Dr. |
| CITY-ST-ZIP | PORT RICHEY FL | 34 CITY-ST-ZIP | Port Richey, Fl 34668 |
| TITLE | D | 41 TITLE | T ☐ Change ☐ Addition |
| NAME | REMALEY, GRACE | 42 NAME | Valentine, Jean |
| STREET ADDRESS | 6650 CONGRESS | 43 STREET ADDRESS | 6421 Hyperion Dr. |
| CITY-ST-ZIP | PORT RICHEY FL | 44 CITY-ST-ZIP | Port Richey, Fl 34668 |
| TITLE | D | 51 TITLE | D ☐ Change ☐ Addition |
| NAME | OUELLETTE, ERWIN | 52 NAME | Clevenger, Hall |
| STREET ADDRESS | 6353 NEARCO DR | 53 STREET ADDRESS | 6412 Stone Road |
| CITY-ST-ZIP | PORT RICHEY FL | 54 CITY-ST-ZIP | Port Richey, Fl. 34668 |
| TITLE | D | 61 TITLE | D ☐ Change ☐ Addition |
| NAME | HAMMOND, EDMUND | 62 NAME | Little, Billy Ray |
| STREET ADDRESS | 6347 PAWLING AVE | 63 STREET ADDRESS | 6815 Hyperion Dr. |
| CITY-ST-ZIP | PORT RICHEY FL | 64 CITY-ST-ZIP | Port Richey, Fl 34668 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Jean Valentine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean Valentine 4-12-95 813 8416330
Title: Treasurer (Daytime Phone #)

607F02