

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Forthman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **730833**

(1)

1. Corporation Name

HOLIDAY HILL CIVIC ASSOCIATION, INC.



Principal Place of Business

**6315 STONE RD
PORT RICHEY FL 34668
US**

Mailing Address

**PO BOX 94
PORT RICHEY FL 34668
US**

3. Date Incorporated or Qualified
10/02/1974

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**T
VALENTINE, JEAN
6421 HYPERION DR.
PORT RICHEY FL 34668**

81 Name

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

83

**800001829558
-05/20/96--01051--040**

84 City

*****61.25**

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☒ DELETE
NAME **THOMAS, FORREST**
STREET ADDRESS **6410 PENSIVE DR**
CITY-ST-ZIP **PORT RICHEY FL**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Balletta, Louis**
1.3 STREET ADDRESS **6353 Ridgcrest**
1.4 CITY-ST-ZIP **Port Richey Fl**

TITLE **P** ☒ DELETE
NAME **BOULIN, CHARLES**
STREET ADDRESS **9234 PEGASUS AVE**
CITY-ST-ZIP **PORT RICHEY FL**

2.1 TITLE **VP** ☐ Change ☐ Addition
2.2 NAME **Hammond, Edmund**
2.3 STREET ADDRESS **6347 Pawling**
2.4 CITY-ST-ZIP **Port Richey Fl**

TITLE **S** ☐ DELETE
NAME **MCCORMICK, LUCILLE**
STREET ADDRESS **6425 GAINSBORO DR**
CITY-ST-ZIP **PORT RICHEY FL**

3.1 TITLE **D C** ☒ Change ☐ Addition
3.2 NAME **Little Billy Ray**
3.3 STREET ADDRESS **6315 Hyperion Dr.**
3.4 CITY-ST-ZIP **Port Richey Fl**

TITLE **D** ☒ DELETE
NAME **REMALEY, GRACE**
STREET ADDRESS **8650 CONGRESS**
CITY-ST-ZIP **PORT RICHEY FL**

4.1 TITLE **T** ☐ Change ☐ Addition
4.2 NAME **Valentine, Jean**
4.3 STREET ADDRESS **6421 Hyperion Dr**
4.4 CITY-ST-ZIP **Port Richey Fl**

TITLE **D** ☒ DELETE
NAME **OUELLETTE, ERWIN**
STREET ADDRESS **6353 NEARCO DR**
CITY-ST-ZIP **PORT RICHEY FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Gunter, Paul**
5.3 STREET ADDRESS **6411 Kelso Dr**
5.4 CITY-ST-ZIP **Port Richey F.**

TITLE **D** ☒ DELETE
NAME **HAMMOND, EDMUND**
STREET ADDRESS **6347 PAWLING AVE**
CITY-ST-ZIP **PORT RICHEY FL**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **Heidish Dennis**
6.3 STREET ADDRESS **6414 Hyperion Dr**
6.4 CITY-ST-ZIP **Port Richey Fl**

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

Jean Valentine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-10-96**

Daytime Phone #

CR2E037 (12/95)