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FILED

Feb 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 84
PORT RICHEY FL 34673-0084
US3. Date Incorporated or Qualified
10/02/19743a. Date of Last Report
05/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-1616348

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

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

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

83

84 City

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BALLETTA, LOUIS	
STREET ADDRESS	6353 RIDGECREST	
CITY - ST - ZIP	PORT RICHEY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HAMMOND, EDMUND	
STREET ADDRESS	6347 PAWLING	
CITY - ST - ZIP	PORT RICHEY FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	LITTLE, BILLY RAY	
STREET ADDRESS	6315 HYPERION DR	
CITY - ST - ZIP	PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VALENTINE, JEAN	
STREET ADDRESS	6421 HYPERION DR	
CITY - ST - ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUNTER, PAUL	
STREET ADDRESS	6411 KELSO DR	
CITY - ST - ZIP	PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEIDISH, DENNIS	
STREET ADDRESS	6414 HYPERION DR	
CITY - ST - ZIP	PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D'ELIA, LAWRENCE	
1.3 STREET ADDRESS	9137 PEGASUS	
1.4 CITY - ST - ZIP	PORT RICHEY, FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOME, EDWARD	
2.3 STREET ADDRESS	6411 GAINSBORO	
2.4 CITY - ST - ZIP	PORT RICHEY, FL	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCCORMICK, LUCILLE	
3.3 STREET ADDRESS	6425 GAINSBORO	
3.4 CITY - ST - ZIP	PORT RICHEY, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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

2 13 97

813 8416330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068422

CR2E037 (9/96)