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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730833

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 34673
 US



2. Principal Place of Business 21 6315 Stone Road Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 94 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 10/02/1974
City & State 23 Port Richey, Fl	City & State 28 Port Richey, Fl	4. FEI Number 59-1616348 Applied For Not Applicable
Zip 24 34668	Country 25 Pasco	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29 34668	Country 30 Pasco	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SYKES, JAMES
 6338 NASHUA 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) 6302 Gainsboro Dr.
83
84 City Port Richey
85 Zip Code FL 34668

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 JEAN VALENTINE Jean Valentine 4-28-99
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 P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DELIA, LAWRENCE		1.2 NAME Lucille McCormick	
STREET ADDRESS 9137 PEGASUS		1.3 STREET ADDRESS 6425 Gainsboro Dr.	
CITY-ST-ZIP PT RICHEY FL		1.4 CITY-ST-ZIP Port Richey, Fl 34668	
TITLE ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SYKES, JAMES M		2.2 NAME Jean Valentine	
STREET ADDRESS 6338 NASHUA DR		2.3 STREET ADDRESS 6302 Gainsboro Dr.	
CITY-ST-ZIP PORT RICHEY FL 34668		2.4 CITY-ST-ZIP Port Richey Fl 34668	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASOLARE, CHARLES		3.2 NAME George Bousquet	
STREET ADDRESS 3467 NASHUA DR		3.3 STREET ADDRESS 9616 Clyde St.	
CITY-ST-ZIP PT RICHEY FL 34668		3.4 CITY-ST-ZIP Hudson, FL 34669	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALENTINE, JEAN		4.2 NAME Elsie Hammond	
STREET ADDRESS 6421 HYPERION DR		4.3 STREET ADDRESS 6347 Pawling Ave.	
CITY-ST-ZIP PORT RICHEY FL		4.4 CITY-ST-ZIP Port Richey, Fl 34668	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMMOND, ELSIE		5.2 NAME Paul Gunter	
STREET ADDRESS 6347 PAWLING AVE		5.3 STREET ADDRESS 6411 Kelso Dr.	
CITY-ST-ZIP PT RICHEY FL 34668		5.4 CITY-ST-ZIP Port Richey, Fl 34668	
TITLE S	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCORMICK, LUCILLE		6.2 NAME Edward Thome	
STREET ADDRESS 6425 GAINSBORO		6.3 STREET ADDRESS 6411 Gainsboro Dr.	
CITY-ST-ZIP PT RICHEY FL		6.4 CITY-ST-ZIP Port Richey Fl 34668	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: JEAN VALENTINE Jean Valentine 4-29-99 727 841 6330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)